#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,601

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

VENTURA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

VENTURA COUNTY	SUMMARY OF SER	VICES FOR CASH GRAN	4.T. —	AGED	AID CODE				~-	
						M				
58,545 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST					COST PER
		OR DAYS OF CARE			PER UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	42,757	1,633,233		21,688,022.59	\$ 13.28	27.897		507.24		370.45
@PHYSICIANS SERVICES	7,210	25 , 914	\$	434,149.00	\$ 16.75	.443	\$	60.21	\$	7.42
OUTPATIENT VISITS	132	182		7 , 133.55	39.20	.003		54.04		.12
OFFICE VISITS	118	164		5 , 671.04	34.58	.003		48.06		.10
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	17	17		1,416.75	83.34	.000		83.34		.02
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	1	1		45.76	45.76	.000		45.76		.00
INPATIENT VISITS	23	149		6,704.73	45.00	.003		291.51		.11
HOSPITAL VISITS	22	136		5,561.83	40.90	.002		252.81		.10
CRITICAL CARE	2	7		851.20	121.60	.000		425.60		.01
SNF/ICF/TRANS IP CARE	2	6		291.70	48.62	.000		145.85		.00
OPHTHALMOLOGICAL SERVICES	20	32		1,503.68	46.99	.001		75.18		.03
EXAMINATIONS	20	32		1,503.68	46.99	.001		75.18		.03
	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	15	43								.00
INPATIENT HOSPITAL SURGERY	15			4,985.20	115.93	.001		332.35		
PRINCIPAL SURGEON	-	12		3,959.24	329.94	.000		439.92		.07
ASSISTANT SURGEON	3	3		210.71	70.24	.000		70.24		.00
ANESTHESIOLOGIST	5	28		815.25	29.12	.000		163.05		.01
OUTPATIENT SURGERY	31	48		6,296.18	131.17	.001		203.10		.11
PRINCIPAL SURGEON	27	36		5 , 796.32	161.01	.001		214.68		.10
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	4	12		499.86	41.66	.000		124.97		.01
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	44	304		1 , 166.53	3.84	.005		26.51		.02
RADIOLOGY	79	183		10,218.39	55.84	.003		129.35		.17
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	946		11,278.04	11.92	.016		1409.76		.19
OTHER SERVICES/ALL X-OVERS	7,003	24,027		384,862.70	16.02	.410		54.96		6.57
@PHARMACY	36,226	510,877	5	11,341,936.38	\$ 22.20	8.726	\$	313.09	\$	193.73
PRESCRIPTION DRUGS	35,669	134,546		11,029,393.33	81.97	2.298		309.22		188.39
SNF/ICF	741	6,667		374,428.52	56.16	.114		505.30		6.40
OUTPATIENTS	34,999	127,879		10,654,964.81	83.32	2.184		304.44		182.00
MEDICAL SUPPLIES	3,372	376,331		312,543.05	.83	6.428		92.69		5.34
@DENTIST	2,387	10,172	5	419,311.54	\$ 41.22	.174	Ś	175.66	Ś	7.16
VISITS - DIAGNOSTIC	1,568	6,403	7	72,259.35	11.29	.109	۲	46.08	7	1.23
ORAL SURGERY	366	852		44,309.81	52.01	.015		121.07		.76
DRUGS	0	0		.00	.00	.000		.00		.00
	3	4		400.00	100.00	.000		133.33		.01
ANESTHESIA	208									
PERIODONTICS		209		22,516.00	107.73	.004		108.25		.38
ENDODONTICS	121	180		36,951.25	205.28	.003		305.38		.63
RESTORATIVE DENTISTRY	468	1,162		82,796.70	71.25	.020		176.92		1.41
PROSTHETICS	44	46		1,246.50	27.10	.001		28.33		.02
DENTURES, STAYPLATES	496	1,265		158,831.93	125.56	.022		320.23		2.71
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	2	1		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	50	50		.00	.00	.001		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,602

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MOP024 FEE-FOR-SERVICE/DENTAL

VENTURA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

VENTURA COUNTY	SUMMARY OF SER	VICES FOR CASH G	RAN'I'	- AGED	AID CODE				
						MON			
58,545 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	1,484	4,244	\$	84,770.44	\$ 19.97	.072		\$	1.45
DIAGNOSTIC AND ANC. PROCED	247	257		11,120.16	43.27	.004	45.02		.19
EYE APPLIANCES	1,253	3,604		67,623.61	18.76	.062	53.97		1.16
OTHER OPTOMETRIC SERVICES	200	383		6,026.67	15.74	.007	30.13		.10
@CHIROPRACTOR	9	19	\$	247.21	\$ 13.01	.000	27.47	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0 9 642 3	19		247.21	13.01	.000	27.47		.00
@PODIATRIST	642	1,230	\$	10,468.86	\$ 8.51	.021	16.31	\$.18
MEDICINE/INJECTIONS	3 2	4		129.20	32.30	.000	43.07	•	.00
SURGERY/ANES.	2	2		22.00	11.00	.000	11.00		.00
RADIO./PATHOLOGY	2 1 640 7	2		34.60	17.30	.000	34.60		.00
OTHER	640	1,222		10,283.06	8.41	.021	16.07		.18
@HOME HEALTH AGENCY	7	14	\$	819.10	\$ 58.51	.000 \$		S	.01
NURSE ANESTHESIST	7 3	11	\$	49.01	\$ 4.46	.000 \$		\$.00
NURSE MIDWIFE	0	0		.00	\$.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	\$ \$ \$.00	\$.00	.000			.00
	0	0	ې د						
FAMILY NURSE PRACTITIONER		-	\$		\$.00 \$ 109.06	.000 \$.00
@TOTAL HOSPITAL	4,528	16,542	\$.283		Ş	30.81
HOSP INPATIENT TOTAL	492 246 5 5 1 0 4 5 250	1,582		1,518,049.82	959.58	.027	3085.47		25.93
HSC HOSPITALS	246	1,552		1,258,124.54	810.65	.027	5114.33		21.49
NON-HSC HOSPITAL TOTAL	5	19		19,321.64	1016.93	.000	3864.33		.33
ACCOMMODATIONS	5	19		6,300.68	331.61	.000	1260.14		.11
ADMINISTRATIVE DAYS	1	6		1,387.80	231.30	.000	1387.80		.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	4	13		4,912.88	377.91	.000	1228.22		.08
ANCILLARIES	5	0		13,020.96	.00	.000	2604.19		.22
INPATIENT CROSSOVERS	250	11		240,603.64	21873.06	.000	962.41		4.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	4,099	14,960		285,967.96	19.12	.256	69.77		4.88
MEDICAL	166	245		8,659.71	35.35	.004	52.17		.15
SURGERY	18	15		1,589.11	105.94	.000	88.28		.03
PATHOLOGY	68	215		2,038.93	9.48	.004	29.98		.03
RADIOLOGY	60	81		6,764.81	83.52	.001	112.75		.12
ROOM USE	165	233		8,169.14	35.06	.004	49.51		.14
CROSSOVERS/ALL OTH OUTPTNT		14,171		258,746.26	18.26	.242	66.36		4.42
@COUNTY HOSPITAL TOTAL	2,300	6,803	\$		\$ 29.36	.116		Ś	3.41
CO HOSPITAL INPATIENT TOTAL	,	114	т	104,212.00	914.14	.002	3361.68	Τ.	1.78
HSC HOSPITALS	23	103		98,086.77	952.30	.002	4264.64		1.68
				.00	.00	.002	.00		.00
ACCOMMODATIONS	0 0 0 0 0 0 8 0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DATS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0							
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	U	U		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	8 0	11		6,125.23	556.84	.000	765.65		.10
	0			.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2,284	6,689		95,527.51	14.28	.114	41.82		1.63
MEDICAL	133	190		6,491.60	34.17	.003	48.81		.11
SURGERY	5	1		1,127.07	1127.07	.000	225.41		.02
PATHOLOGY	37	100		887.99	8.88	.002	24.00		.02

RADIOLOGY 33 46 3,702.11 80.48 .001 112.19 .06 133 6,375.34 ROOM USE 178 35.82 .003 47.93 .11 76,943.40 CROSSOVERS/ALL OTH OUTPTNT 2,137 6,174 12.46 .105 36.01 1.31

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

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MOP024 FEE-FOR-SERVICE/DENTAL

VENTURA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

#CALIF DEPT OF HEALTH SERV

VENTURA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAN	IT - AGED			AID CODE	10				
									HLY AVERA	ΔGE	
58,545 ELIGIBLES	USERS	UNITS OF SERVICE	EXPE	INDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELI	G	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,323	9 , 739 \$	1,60	4,278.27	\$	164.73	.166	\$	690.61	\$	27.40
COMM HOSP INPATIENT TOTAL	461	1,468	1,41	3,837.82		963.10	.025		3066.89		24.15
HSC HOSPITALS	223	1,449	1.16	50,037.77		800.58	.025		5201.96		19.81
NON-HSC HOSPITALS TOTAL	5	19		9,321.64		1016.93	.000		3864.33		.33
ACCOMMODATIONS	5	19		6,300.68	-	331.61	.000		1260.14		.11
ADMINISTRATIVE DAYS	1	6		1,387.80		231.30	.000		1387.80		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	13		4,912.88		377.91	.000		1228.22		.08
ANCILLARIES	5	0	1	3,020.96		.00	.000		2604.19		.22
INPATIENT CROSSOVERS	242	0		34,478.41		.00	.000		968.92		4.01
ALL OTHER INPATIENT	242	0	23	.00		.00	.000		.00		.00
	•		1.0								
COMM HOSP OUTPATIENT TOTAL	1,903	8,271	13	0,440.45		23.03	.141		100.07		3.25
MEDICAL	37	55		2,168.11		39.42	.001		58.60		.04
SURGERY	13	14		462.04		33.00	.000		35.54		.01
PATHOLOGY	33	115		1,150.94		10.01	.002		34.88		.02
RADIOLOGY	29	35		3,062.70		87.51	.001		105.61		.05
ROOM USE	36	55		1,793.80		32.61	.001		49.83		.03
CROSSOVERS/ALL OTH OUTPTNT	1 , 837	7 , 997	18	31,802.86		22.73	.137		98.97		3.11
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	713	15,482 \$	2,61	6,725.53	\$	169.02	.264	\$	3670.02	\$	44.70
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	1	3		1,229.16		409.72	.000		1229.16		.02
LEV B-SUBACUTE HSPTL BASED	17	887		16,325.35		503.19	.015		26254.43		7.62
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	702	14,592	2.16	59,171.02		148.65	.249		3089.99		37.05
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000		.00	Ś	.00
ICF DDH	0	0		.00	т.	.00	.000		.00	4	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	376	407 \$	1.0	06,643.79	\$	483.15	.000			\$	3.36
HOSPITAL BASED	0	0	т.	.00	۲	.00	.007		.00	ې	.00
	376	407	1.0						522.99		
HEMODIALYSIS CENTER		·		6,643.79	Ċ	483.15	.007			ć	3.36
@REHABILITATION FACILITY	4	4 \$		116.01	\$	29.00	.000		29.00	Ş	.00
HOSPITAL BASED	4	4		116.01		29.00	.000		29.00		.00
INDEPENDENT FACILITY	0	0		.00	_	.00	.000		.00	_	.00
@LABORATORY FACILITY	574	1,728 \$	_	7,311.34	\$	10.02	.030		30.16	Ş	.30
PATHOLOGY	535	1,638	1	6,653.46		10.17	.028		31.13		.28
XO AND OTHERS	40	90		657.88		7.31	.002		16.45		.01
@ORGANIZED OUTPATIENT CLINIC	1,220	2 , 007 \$		8,855.51	\$	54.24	.034		89.23	\$	1.86
CLINIC	321	419		3,620.55		32.51	.007		42.43		.23
SURGICENTER	107	127	1	7,728.93		139.60	.002		165.69		.30
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	809	1,461		77,506.03		53.05	.025		95.80		1.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	MONTH-OF-	-PAYMENT R	REPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 17,604

MOP024 FEE-FOR-SERVICE/DENTAL VENTURA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 03/14/05

MONTHLY AVERAGE								GE
58,545 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	10,431	1,044,582	\$	4,652,601.09	\$ 4.45	17.842	\$ 446.04	\$ 79.47
DURABLE MED. EQUIP.	295	677		45,311.22	66.93	.012	153.60	.77
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	74	139		21,944.27	157.87	.002	296.54	.37
MEDICAL TRANSPORTATION	450	48,484		175,121.98	3.61	.828	389.16	2.99
AMBULANCES/AIR TRANS	15	131		1,916.04	14.63	.002	127.74	.03
OTHER TRANS	243	46,235		167,842.51	3.63	.790	690.71	2.87
OTHER SERVICES	200	2,118		5,363.43	2.53	.036	26.82	.09
ACUPUNCTURE	167	527		9,047.94	17.17	.009	54.18	.15
ADULT DAY HEALTH CARE CTR	4,497	50,501		3,511,850.81	69.54	.863	780.93	59.99
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	530	4,083		279,256.27	68.39	.070	526.90	4.77
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,415	3,542		42,707.49	12.06	.061	30.18	.73
PHYSICAL THERAPIST	3	3		7.84	2.61	.000	2.61	.00
PORTABLE X-RAY	18	39		128.92	3.31	.001	7.16	.00
PROSTHETIST/ORTHOTISTS	29	72		1,647.46	22.88	.001	56.81	.03
PROSTHETICS	16	43		1,049.19	24.40	.001	65.57	.02
ORTHOTICS	13	29		598.27	20.63	.000	46.02	.01
PSYCHOLOGIST	1	9		172.03	19.11	.000	172.03	.00
SPEECH AND AUDIOLOGY	468	1,084		106,660.50	98.40	.019	227.91	1.82
HOSPICE SERVICES	42	1,482		176,850.37	119.33	.025	4210.72	3.02
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	58		517.40	8.92	.001	103.48	.01
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,702	933 , 882		281,376.59	.30	15.952	76.01	4.81
@CALIF. CHILDREN SERVICES*	4	9	\$	275.43	\$ 30.60	.000	\$ 68.86	\$.00
@XOVER EXCLUDING STATE HOSP**	13,874	184,673	\$	1,730,549.58	\$ 9.37	3.154	\$ 124.73	\$ 29.56

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,605 MOP024 FEE-FOR-SERVICE/DENTAL
VENTURA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 03/14/05

	MONTHLY AVERAGE								
3,469 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,623	252,326	\$	2,057,530.19	\$ 8.15	72.737	784.42	\$ 593.12	
@PHYSICIANS SERVICES	755	2,558	\$	115,224.59	\$ 45.04	.737	152.62	\$ 33.22	
OUTPATIENT VISITS	244	333		11,820.57	35.50	.096	48.44	3.41	
OFFICE VISITS	197	274		8,846.06	32.28	.079	44.90	2.55	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	35	34		2,193.13	64.50	.010	62.66	.63	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	1	3		143.13	47.71	.001	143.13	.04	
OTHER OUTPATIENT	17	22		638.25	29.01	.006	37.54	.18	
INPATIENT VISITS	27	93		4,119.98	44.30	.027	152.59	1.19	
HOSPITAL VISITS	22	78		3,570.60	45.78	.022	162.30	1.03	
CRITICAL CARE	1	1		121.60	121.60	.000	121.60	.04	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	5	14	427.78	30.56	.004	85.56	.12
OPHTHALMOLOGICAL SERVICES	72	104	4,157.64	39.98	.030	57.75	1.20
EXAMINATIONS	71	101	4,051.77	40.12	.029	57.07	1.17
SERVICES AND MATERIALS	1	3	105.87	35.29	.001	105.87	.03
INPATIENT HOSPITAL SURGERY	15	108	6,835.68	63.29	.031	455.71	1.97
PRINCIPAL SURGEON	9	13	4,612.95	354.84	.004	512.55	1.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	95	2,222.73	23.40	.027	246.97	.64
OUTPATIENT SURGERY	59	169	20,876.21	123.53	.049	353.83	6.02
PRINCIPAL SURGEON	49	72	18,234.23	253.25	.021	372.13	5.26
ASSISTANT SURGEON	2	2	332.46	166.23	.001	166.23	.10
ANESTHESIOLOGIST	13	95	2,309.52	24.31	.027	177.66	.67
DIALYSIS	39	118	9,809.57	83.13	.034	251.53	2.83
PATHOLOGY	65	361	2,622.51	7.26	.104	40.35	.76
RADIOLOGY	109	261	27,436.94	105.12	.075	251.72	7.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	42	8,352.96	198.88	.012	491.35	2.41
OTHER SERVICES/ALL X-OVERS	363	969	19,192.53	19.81	.279	52.87	5.53
@PHARMACY	2,091	125,324	\$ 793,586.47	\$ 6.33	36.127	\$ 379.52	\$ 228.77
PRESCRIPTION DRUGS	2,009	7,832	735,529.61	93.91	2.258	366.12	212.03
SNF/ICF	42	284	15,377.64	54.15	.082	366.13	4.43
OUTPATIENTS	1,972	7,548	720 , 151.97	95.41	2.176	365.19	207.60
MEDICAL SUPPLIES	492	117,492	58,056.86	.49	33.869	118.00	16.74
@DENTIST	162	716	\$ 21,968.15	\$ 30.68	.206	\$ 135.61	\$ 6.33
VISITS - DIAGNOSTIC	117	500	6,083.00	12.17	.144	51.99	1.75
ORAL SURGERY	19	37	2,326.40	62.88	.011	122.44	.67
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	16	16	1,707.00	106.69	.005	106.69	.49
ENDODONTICS	10	11	2,237.00	203.36	.003	223.70	.64
RESTORATIVE DENTISTRY	42	98	4,455.75	45.47	.028	106.09	1.28
PROSTHETICS	6	6	220.00	36.67	.002	36.67	.06

DENTURES, STAYPLATES	16	43	4,889.00	113.70	.012	305.56	1.41
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	50.00	50.00	.000	50.00	.01
ALL OTHER SERVICES	4	4	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	C 2004	PAGE 17,606
MOP024	FEE-FOR-SERVICE/DEN	PAL PAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR CASH GRAN'	Γ - BLIND	AID CODE	20		

VENTURA COUNTY	SUMMARY OF SER	VICES FOR CASH G	RANT	- BLIND		AID CODE	20				
							M	ONT	HLY AVERA	GΕ	
3,469 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RΕ		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	104	284	\$	18,870.31	\$	66.44	.082	\$	181.45	\$	5.44
DIAGNOSTIC AND ANC. PROCED	48	57		2,875.35		50.44	.016		59.90		.83
EYE APPLIANCES	81	211		15,590.61		73.89	.061		192.48		4.49
OTHER OPTOMETRIC SERVICES	11	16		404.35		25.27	.005		36.76		.12
@CHIROPRACTOR	4	5	\$	83.60	\$.001	\$	20.90	\$.02
VISITS	4	5		83.60		16.72	.001	•	20.90	•	.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	65	107	\$	1,753.31	\$	16.39	.031	\$	26.97	\$.51
MEDICINE/INJECTIONS	25	29	'	754.50		26.02	.008		30.18		.22
SURGERY/ANES.	1	1		18.00		18.00	.000		18.00		.01
RADIO./PATHOLOGY	2	3		53.62		17.87	.001		26.81		.02
OTHER	41	74		927.19		12.53	.021		22.61		.27
@HOME HEALTH AGENCY	35	1,483	\$	48,233.98	\$	32.52	.428	Ś	1378.11	S	13.90
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000			\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000			\$.00
PEDIATRIC NURSE PRACTITIONE	•	0	\$.00	\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	Ś	.00	.000		.00		.00
@TOTAL HOSPITAL	596	2 , 976	\$ \$		¢	106.79	.858				91.61
HOSP INPATIENT TOTAL	37	197	Ą	211,218.54	ې	1072.18	.057	۲	5708.61	۲	60.89
HSC HOSPITALS	25	195		200,145.99		1026.39	.056		8005.84		57.70
NON-HSC HOSPITAL TOTAL	1	2		609.70		304.85	.001		609.70		.18
ACCOMMODATIONS	1	2		462.60		231.30	.001		462.60		.13
ACCOMMODATIONS ADMINISTRATIVE DAYS	1	2		462.60		231.30	.001		462.60		.13
TRANSITIONAL IP CARE	0	2 0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		147.10		.00	.000		147.10		.04
INPATIENT CROSSOVERS	11	0		10,462.85		.00	.000		951.17		3.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	572	2 , 779		106,581.20		38.35	.801		186.33		30.72
	295	2 , 779		16,165.45		33.75	.138		54.80		4.66
MEDICAL SURGERY	293 47	479		6,397.49		130.56	.130		136.12		1.84
	156	657		7,004.67		10.66	.189		44.90		2.02
PATHOLOGY	91	140				139.98	.189		215.36		2.02 5.65
RADIOLOGY	332	603		19,597.50 23,248.85		38.56	.174		70.03		6.70
ROOM USE		851				40.15	.174		132.95		9.85
CROSSOVERS/ALL OTH OUTPTN			<u> </u>	34,167.24	<u> </u>			<u>^</u>		<u>^</u>	
@COUNTY HOSPITAL TOTAL	405	1,781	\$	190,109.98	Ş	106.74	.513	Þ		Þ	54.80
CO HOSPITAL INPATIENT TOTA		111		120,802.23		1088.31	.032		9292.48		34.82
HSC HOSPITALS	10	109		118,512.53		1087.27	.031		11851.25		34.16
NON-HSC HOSPITALS TOTAL	1	2		609.70		304.85	.001		609.70		.18
ACCOMMODATIONS	1	2		462.60		231.30	.001		462.60		.13
ADMINISTRATIVE DAYS	1	2 0		462.60		231.30	.001		462.60		.13
TRANSITIONAL IP CARE	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		147.10		.00	.000		147.10		.04

INPATIENT CROSSOVERS	2	0	1,680.00	.00	.000	840.00	.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	399	1,670	69,307.75	41.50	.481	173.70	19.98
MEDICAL	246	394	12,648.87	32.10	.114	51.42	3.65
SURGERY	22	20	4,209.86	210.49	.006	191.36	1.21
PATHOLOGY	100	343	3,887.12	11.33	.099	38.87	1.12
RADIOLOGY	42	50	8,512.94	170.26	.014	202.69	2.45
ROOM USE	250	436	16,437.76	37.70	.126	65.75	4.74
CROSSOVERS/ALL OTH OUTPTNT	151	427	23,611.20	55.30	.123	156.37	6.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN 20	004 THRU DEC	C 2004	PAGE 17,607
MOP024	FEE-FOR-SERVICE/DENT	'AL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	- BLIND	AID CODE 2	20		
				-	MON'	THLY AVERAG	E

A 469 ELIGIBLES							MO	NTHLY AVERA	AGE ·	
GCOMMUNITY HOSPITAL TOTAL 228	3,469 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
COMM HOSP INPATIENT TOTAL			OR DAYS OF CARE				PER ELIG			ELIGIBLE
HSC HOSPITALS 15 86 81,633,46 949,23 0.25 5442,23 22.53 NON-HSC HOSPITALS TOTAL 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0	@COMMUNITY HOSPITAL TOTAL	228	1,195	\$	127,689.76	\$ 106.85	.344	\$ 560.04	\$	36.81
NON-HSC HOSPITALS TOTAL O	COMM HOSP INPATIENT TOTAL	24	86		90,416.31		.025	3767.35		26.06
ACCOMMODATIONS ADMINISTRATIVE DAYS O O O O O O O O O O O O O	HSC HOSPITALS	15	86		81,633.46	949.23	.025	5442.23		23.53
ADMINISTRATIVE DAYS O	NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
TRANSITIONAL TP CARE O	ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM 0 0 0 0.00 0.00 0.00 0.00 0.00 ANCILLARIES 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	ADMINISTRATIVE DAYS	0			.00	.00	.000	.00		.00
ALL OTHER ACCOM 0 0 0 0.00 0.00 0.00 0.00 0.00 ANCILIARIES 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 1	TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ALL OTHER ACCOM	0			.00	.00		.00		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL SURGERY 25 25 29 2,187.63 75.44 .008 87.51 .63 PATHOLOGY 54 90 11,084.56 123.16 .026 205.27 3.20 RADIOLOGY RADIOLOGY 54 90 11,084.56 123.16 .026 205.27 3.20 ROM USE 103 167 6,811.09 40.78 .048 66.13 1.96 CROSSOVERS/ALL OTH OUTPTNT 112 424 10,556.04 24.90 .122 94.25 3.04 (STATE HOSPITAL 00 00 00 .00 .00 .00 .00 .00	ANCILLARIES	0	0			.00	.000	.00		.00
ALL OTHER INPATIENT 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	9	0		8,782.85	.00	.000	975.87		2.53
COMM HOSP OUTPATIENT TOTAL 208 1,109 37,273.45 33.61 320 179.20 10.74		0								.00
SURGERY 25 29 2,187.63 75.44 .008 87.51 .63 PATHOLOGY 64 314 3,117.55 9.93 .091 48.71 .90 RADIOLOGY 54 90 11,084.56 123.16 .026 205.27 3.20 ROOM USE 103 167 6,811.09 40.78 .048 66.13 1.96 CROSSOVERS/ALL OTH OUTFINT 112 424 10,556.04 24.90 .122 94.25 3.04 STATE HOSPITAL 0 0 0 0 0 0 .00 .00 .00 .00 MENTALLY ILL 0 0 0 0 0 0 .00 .00 .00 .00 MENTALLY ILL 0 0 0 0 0 0 0 .00 .00 .00 .00 EVELOP. DISABLED 0 0 0 0 0 0 0 0 .00 .00 .00 EVELOP. DISABLED 0 0 0 0 0 0 0 0 0	COMM HOSP OUTPATIENT TOTAL	208	1,109							10.74
SURGERY 25 29 2,187.63 75.44 .008 87.51 .63 PATHOLOGY 64 314 3,117.55 9.93 .091 48.71 .90 RADIOLOGY 54 90 11,084.56 123.16 .026 205.27 3.20 ROOM USE 103 167 6,811.09 40.78 .048 66.13 1.96 CROSSOVERS/ALL OTH OUTFINT 112 424 10,556.04 24.90 .122 94.25 3.04 STATE HOSPITAL 0 0 0 0 0 0 .00 .00 .00 .00 MENTALLY ILL 0 0 0 0 0 0 .00 .00 .00 .00 MENTALLY ILL 0 0 0 0 0 0 0 .00 .00 .00 .00 EVELOP. DISABLED 0 0 0 0 0 0 0 0 .00 .00 .00 EVELOP. DISABLED 0 0 0 0 0 0 0 0 0	MEDICAL	58	85		3,516.58	41.37	.025	60.63		1.01
PATHOLOGY										
RADIOLOGY ROOM USE ROOM US	PATHOLOGY	64	314					48.71		.90
ROOM USE		54	90							
CROSSOVERS/ALL OTH OUTPINT 112 424 10,556.04 24.90 .122 94.25 3.04 @STATE HOSPITAL		103	167							1.96
STATE HOSPITAL 0		112	424							3.04
MENTALLY ILL 0 0 .0		0		\$					\$	
DEVELOP. DISABLED 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0	MENTALLY ILL	0	0		.00					.00
QNURSING FACILITY 41 747 \$ 111,565.10 \$ 149.35 2.215 \$ 2721.10 \$ 32.16 LEV A-INTERMEDIATE 0 0 0 .00 <t< td=""><td></td><td>0</td><td>0</td><td></td><td>.00</td><td></td><td></td><td>.00</td><td></td><td>.00</td></t<>		0	0		.00			.00		.00
LEV A-INTERMEDIATE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@NURSING FACILITY	41	747	\$	111,565.10			\$ 2721.10	\$	32.16
LEV B-REHAB MD 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	LEV A-INTERMEDIATE	0	0				.000	.00		.00
LEV B-SUBACUTE FREESTANDING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-REHAB MD	0	0		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LEV B-SUBACUTE FREESTANDING	0	0		.00		.000	.00		.00
LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR 41 747 111,565.10 149.35 .215 2721.10 32.16 @INTERMEDIATE CARE FACILDD 22 644 \$ 111,259.40 \$ 172.76 .186 \$ 5057.25 \$ 32.07 ICF DDH 22 644 \$ 111,259.40 172.76 .186 \$ 5057.25 \$ 32.07 ICF DD 0 0 0 .00 .00 .00 .00 .00 .00 .00 ICF DDN/DDCN 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LEV B-TRANSITIONAL IP CARE	0	0		.00	.00		.00		.00
@INTERMEDIATE CARE FACILDD 22 644 \$ 111,259.40 \$ 172.76 .186 \$ 5057.25 \$ 32.07 ICF DDH 22 644 111,259.40 172.76 .186 5057.25 32.07 ICF DD 0 0 .00 <td></td> <td>41</td> <td>747</td> <td></td> <td>111,565.10</td> <td>149.35</td> <td>.215</td> <td>2721.10</td> <td></td> <td>32.16</td>		41	747		111,565.10	149.35	.215	2721.10		32.16
ICF DDH 22 644 111,259.40 172.76 .186 5057.25 32.07 ICF DD 0 0 .00 .00 .00 .00 .00 .00 .00 ICF DDN/DDCN 0 0 .00	@INTERMEDIATE CARE FACILDD	22	644	\$				\$ 5057.25	\$	32.07
ICF DD 0 0 .00	ICF DDH		644				.186	5057.25		32.07
ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00 @HEMODIALYSIS TOTAL 175 4,084 \$ 203,263.17 \$ 49.77 1.177 \$ 1161.50 \$ 58.59 HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00 HEMODIALYSIS CENTER 175 4,084 203,263.17 49.77 1.177 1161.50 58.59 @REHABILITATION FACILITY 28 328 \$ 5,927.32 \$ 18.07 .095 \$ 211.69 \$ 1.71 HOSPITAL BASED 2 13 362.79 27.91 .004 181.40 .10 INDEPENDENT FACILITY 26 315 5,564.53 17.67 .091 214.02 1.60	ICF DD	0	0					.00		.00
HOSPITAL BASED 0 0 .00	ICF DDN/DDCN	0	0		.00	.00		.00		.00
HOSPITAL BASED 0 0 .00	@HEMODIALYSIS TOTAL	175	4,084	\$	203,263.17	\$ 49.77	1.177	\$ 1161.50	\$	58.59
HEMODIALYSIS CENTER 175 4,084 203,263.17 49.77 1.177 1161.50 58.59 @REHABILITATION FACILITY 28 328 \$ 5,927.32 \$ 18.07 .095 \$ 211.69 \$ 1.71 HOSPITAL BASED 2 13 362.79 27.91 .004 181.40 .10 INDEPENDENT FACILITY 26 315 5,564.53 17.67 .091 214.02 1.60		0							·	.00
HOSPITAL BASED 2 13 362.79 27.91 .004 181.40 .10 INDEPENDENT FACILITY 26 315 5,564.53 17.67 .091 214.02 1.60	HEMODIALYSIS CENTER	175	4,084		203,263.17	49.77	1.177	1161.50		58.59
HOSPITAL BASED 2 13 362.79 27.91 .004 181.40 .10 INDEPENDENT FACILITY 26 315 5,564.53 17.67 .091 214.02 1.60	@REHABILITATION FACILITY	28	328	\$	5,927.32	\$ 18.07	.095	\$ 211.69	\$	1.71
INDEPENDENT FACILITY 26 315 5,564.53 17.67 .091 214.02 1.60	HOSPITAL BASED	2	13		362.79	27.91				.10
						17.67				
@LABORATORY FACILITY 165 851 \$ 8,418.24 \$ 9.89 .245 \$ 51.02 \$ 2.43	@LABORATORY FACILITY	165	851	\$	•	\$ 9.89			\$	2.43
PATHOLOGY 164 845 8,411.67 9.95 .244 51.29 2.42				•	· · · · · · · · · · · · · · · · · · ·					
XO AND OTHERS 1 6 6.57 1.10 .002 6.57 .00	XO AND OTHERS	1	6					6.57		.00

@ORGANIZED OUTPATIENT CLINIC	105	279 \$	29,344.28	\$ 1	105.18	.080 \$	279.47	\$	8.46
CLINIC	27	55	5,173.96		94.07	.016	191.63		1.49
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	5	55 9 14 201	576.92		64.10	.003	115.38		.17
HEROIN DETOX CLINIC	1	14	175.95		12.57	.004	175.95		.05
RURAL HEALTH CLINIC	74	201	23,417.45	1	16.50	.058	316.45		6.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT F	FOR JAN 2	2004 THRU DE	C 2004	PA	GE 17,608
MOP024	FEE-FOR-SERVICE	:/DENTAL							03/14/05
MOP024 VENTURA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	- BLIND	A	AID CODE	20			, , ,
						MON	THLY AVERA	GE -	
3,469 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERA	AGE COST	UNITS/DAYS	COST PER	C	OST PER
0,103 221012220	002110	OR DAYS OF CARE		PER I	INIT/DAY	PER ELIG	USER	E	LIGIBLE
GALL OTHER PROVIDERS	571	111 940 \$	270 232 53	Ś	2 41	32 269 \$	473 26	Ś	77 90
DURABLE MED FOULD	37	121	270 , 232 . 33	2	2.41	02.205 ¥	742 03	Y	7 91
DUNABLE MED. EQUIF.	57	121	27,433.21	2	00	.055	742.03		7.91
DECOUD DANK	0	0	.00		.00	.000	.00		.00
MEDICAL MDANGDODMAMION	121	20.006	72 012 55		2 47	.000	.00		21 02
MEDICAL TRANSPORTATION	121	20,986	72,912.55		3.4/	0.030	101.76		21.02
AMBULANCES/AIR TRANS	25	169	3,044.11		18.01	.049	121.76		.88
OTHER TRANS	84	20,701	69,644.33		3.36	5.96/	829.10		20.08
OTHER SERVICES	13	116	224.11		1.93	.033	17.24		.06
ACUPUNCTURE	2	16	259.52		16.22	.005	129.76		.07
ADULT DAY HEALTH CARE CTR	91	1,122	77,694.78		69.25	.323	853.79		22.40
GENETIC DISEASE TESTING	1	1	105.00	1	105.00	.000	105.00		.03
IHMC, MODEL-NF, NF, AIDS, MSSP	16	78	7,623.54		97.74	.022	476.47		2.20
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	53	130	1,797.97		13.83	.037	33.92		.52
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00		.00
PORTABLE X-RAY	1	2	1.87		.94	.001	1.87		.00
PROSTHETIST/ORTHOTISTS	12	40	5,899.10	1	47.48	.012	491.59		1.70
PROSTHETICS	 5	8	329.09		41.14	.002	65.82		.09
ORTHOTICS	7	32	5.570.01	1	74 06	009	795 72		1 61
PSYCHOLOGIST	, O	0	00	_	00	000	00		00
SDEECH AND AUDIOLOGY	1.8	70	4 058 54		57 98	020	225 47		1 17
HOSDICE SERVICES	7	202	26 0/1 //1	1	28 92	058	3720 20		7 51
NONTHER DIDUNING CENTERS	,	202	20,041.41	1	00	.030	3720.20		7.51
NONING DIKITING CENTERS		7 504	17 (04 20		2 22	2 100	240.00		. U U
LOCAL EDUCATION AGENCIES	52	7,394	17,084.30		2.33	2.189	340.08		5.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	227	81,578	28,698.74	_	.35	23.516	126.43	_	8.27
@CALIF. CHILDREN SERVICES*	109	32,640 \$	104,364.42	Ş	3.20	9.409 \$	957.47	Ş	30.08
@XOVER EXCLUDING STATE HOSP*	674	13,612 \$	166,007.47	Ş	12.20	3.924 \$	246.30	Ş	47.85
3,469 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN	GIVEN AS A SEPAR	ATE INFORMATION ITEM	ONLY;						
** THESE DATA ARE INCLUDED									
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT F	FOR JAN 2	2004 THRU DE	C 2004	PA	GE 17,609
MOP024	FEE-FOR-SERVICE	:/DENTAL							03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	- DISABLED	A	AID CODE	60			
						MON	THLY AVERA	GE -	
124,472 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERA	AGE COST	UNITS/DAYS			OST PER
,		OR DAYS OF CARE				PER ELIG	USER		LIGIBLE
@TOTAL, ALL PROVIDERS	100,075	4,437,986 \$	74,225,767.94		16.73	35.654 \$			596.33
@PHYSICIANS SERVICES	22,516	91,496 \$	3,111,709.84		34.01	.735 \$			25.00
OUTPATIENT VISITS	10,045	14,299	561,187.01		39.25	.115	55.87	т	4.51
OFFICE VISITS	7,491	10,312	332,138.26		32.21	.083	44.34		2.67
HOME VISITS	257	341	13,858.93		40.64	.003	53.93		.11
EMERGENCY ROOM			190,861.86				78.48		
EMERGENCI KUUM	2,432	3,003	190,801.86		63.56	.024	10.48		1.53

PREVENTIVE CARE	23	23		1,061.24		46.14	.000		46.14		.01
OB VISITS/COMPRE PERI	13	28		1,484.16		53.01	.000		114.17		.01
OTHER OUTPATIENT	403	592		21,782.56		36.79	.005		54.05		.17
INPATIENT VISITS	2,200	9 , 372		555,582.11		59.28	.075		252.54		4.46
HOSPITAL VISITS	1,701	7,447		347,044.88		46.60	.060		204.02		2.79
CRITICAL CARE	181	1,028		178,149.05		173.30	.008		984.25		1.43
	490										
SNF/ICF/TRANS IP CARE		897		30,388.18		33.88	.007		62.02		.24
OPHTHALMOLOGICAL SERVICES	734	1,096		45,121.02		41.17	.009		61.47		.36
EXAMINATIONS	731	1,091		44,939.74		41.17	.009		61.48		.36
SERVICES AND MATERIALS	5	5		181.28		36.26	.000		36.26		.00
INPATIENT HOSPITAL SURGERY	5 833	8,609		463,288.03		53.81	.069		556.17		3.72
PRINCIPAL SURGEON	563	2,449		359,134.47		146.65	.020		637.89		2.89
ASSISTANT SURGEON	55	69		12,680.15		183.77	.001		230.55		.10
ANESTHESIOLOGIST	341	6,091		91,473.41		15.02	.049		268.25		.73
OUTPATIENT SURGERY	1 326	5,023		322,821.30		64.27	.040		243.45		2.59
DDINGERI GUDGERI	1,326 1,018	1,428		254,970.01		178.55	.011		250.46		2.05
PRINCIPAL SURGEON	1,010										
ASSISTANT SURGEON	8 370	8		686.31		85.79	.000		85.79		.01
ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY BADIOLOGY	370	3 , 587		67 , 164.98		18.72	.029		181.53		.54
DIALYSIS	137	419		41,103.24		98.10	.003		300.02		.33
PATHOLOGY	2,208	14,056		65 , 548.27		4.66	.113		29.69		.53
RADIOLOGY	137 2,208 4,264	10,138		426,834.76		42.10	.081		100.10		3.43
PSYCHIATRY	5	5		245.34		49.07	.000		49.07		.00
IMMUNIZATION AND INJECTION		876		78,596.65		89.72	.007		191.23		.63
OTHER SERVICES/ALL X-OVERS	9,098	27,603		551,382.11		19.98	.222		60.60		4.43
@PHARMACY	79,386	2,071,363	\$	36,850,464.29	ċ		16.641	ċ		ċ	
	77,620		Ą		Ą			Ş		Ą	
PRESCRIPTION DRUGS	11,620	325,685		35,148,473.00		107.92	2.617		452.83		282.38
SNF/ICF	4,568	31,071		2,968,768.47		95.55	.250		649.91		23.85
OUTPATIENTS	74,016	294,614		32,179,704.53		109.23	2.367		434.77		258.53
MEDICAL SUPPLIES		1,745,678		1,701,991.29		.97	14.025		188.75		13.67
A DENITTOT	7 463	34,050	\$	1,149,375.85	\$	33.76	.274	\$	154.01	\$	9.23
VISITS - DIAGNOSTIC	5,254	22,974		286,541.78		12.47	.185		54.54		2.30
ORAL SURGERY	1.067	2,576		146,583.55		56.90	.021		137.38		1.18
DRUGS	37	55		995.00		18.09	.000		26.89		.01
ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	1.4	14		1,200.00		85.71	.000		85.71		.01
PERIODONTICS	770	799		84,659.70		105.96	.006		109.95		.68
FERIODONITICS	7 7 0	658				205.44			297.75		1.09
ENDODONTICS	454			135,179.75			.005				
RESTORATIVE DENTISTRY	1,851	4,913		305,149.05		62.11	.039		164.86		2.45
PROSTHETICS	92	99		2,968.50		29.98	.001		32.27		.02
DENTURES, STAYPLATES	569	1,677		178,983.04		106.73	.013		314.56		1.44
SPACE MAINTAINERS	5	6		720.00		120.00	.000		144.00		.01
SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	23	25		2,147.98		85.92	.000		93.39		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	61	84		3,787.50		45.09	.001		62.09		.03
ALL OTHER SERVICES	177	170		460.00		2.71	.001		2.60		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAI CEDUIC	ES AND EXPENDITURE	ZC M)EC		D7	AGE 17,610
			72 M	JNIH-OF-PAIMENI RI	EPURI	FOR JAN 2	.004 IRO I	ノ正し	2004	PF	•
MOP024	FEE-FOR-SERVICE			D-103-D-1-D		3.75 0055	CO				03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRA	ANT.	- DISABLED		AID CODE					
							MC				
124,472 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	S C	OST PER	(COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@OPTOMETRIST	3,645	10,409	\$	220,826.83	\$	21.21	.084	\$	60.58	\$	1.77
DIAGNOSTIC AND ANC. PROCED	1,753	1,916		75,293.81		39.30	.015		42.95		.60
EYE APPLIANCES	2,836	8,052		137,113.58		17.03	.065		48.35		1.10
OTHER OPTOMETRIC SERVICES	2,030	441		8,419.44		19.09	.004		31.65		.07
			ċ	-	ċ	16.10		Ċ		Ċ	
@CHIROPRACTOR	216	436	\$	7,020.26	\$.004	Ş	32.50	Ş	.06
VISITS	204	411		6,733.98		16.38	.003		33.01		.05

OTHER SERVICES	12	25	286.28	11.45	.000	23.86	.00
@PODIATRIST	1,956	3,365	\$ 65,878.96	\$ 19.58	.027	\$ 33.68	\$.53
MEDICINE/INJECTIONS	961	1,117	32,237.61	28.86	.009	33.55	.26
SURGERY/ANES.	105	124	1,821.52	14.69	.001	17.35	.01
RADIO./PATHOLOGY	116	203	3,619.18	17.83	.002	31.20	.03
OTHER	1,071	1,921	28,200.65	14.68	.015	26.33	.23
@HOME HEALTH AGENCY	463	15,527	\$ 509,215.12	\$ 32.80	.125	\$ 1099.82	\$ 4.09
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	28 , 671	147,018	\$ 13,214,292.27	\$ 89.88	1.181	\$ 460.89	\$ 106.16
HOSP INPATIENT TOTAL	1,736	7,218	8,899,515.58	1232.96	.058	5126.45	71.50
HSC HOSPITALS	1,237	6 , 659	7,534,162.82	1131.43	.053	6090.67	60.53
NON-HSC HOSPITAL TOTAL	69	559	889,605.49	1591.42	.004	12892.83	7.15
ACCOMMODATIONS	69	559	265,344.83	474.68	.004	3845.58	2.13
ADMINISTRATIVE DAYS	8	81	15,159.15	187.15	.001	1894.89	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	62	478	250 , 185.68	523.40	.004	4035.25	2.01
ANCILLARIES	69	0	624,260.66	.00	.000	9047.26	5.02
INPATIENT CROSSOVERS	450	0	475 , 747.27	.00	.000	1057.22	3.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	27 , 748	139,800	4,314,776.69	30.86	1.123	155.50	34.66
MEDICAL	16 , 235	28 , 192	919,374.44	32.61	.226	56.63	7.39
SURGERY	1,389	1,707	121,109.79	70.95	.014	87.19	.97
PATHOLOGY	7 , 062	32 , 668	356 , 071.83	10.90	.262	50.42	2.86
RADIOLOGY	4,646	7 , 239	718,945.57	99.32	.058	154.75	5.78
ROOM USE	17 , 208	27 , 797	1,028,908.57	37.02	.223	59.79	8.27
CROSSOVERS/ALL OTH OUTPTNT	10,638	42 , 197	1,170,366.49	27.74	.339	110.02	9.40
@COUNTY HOSPITAL TOTAL	20,202	85 , 476	\$ 5,648,258.28	\$.687	\$ 279.59	\$ 45.38
CO HOSPITAL INPATIENT TOTAL	556	2,533	2,749,447.57	1085.45	.020	4945.05	22.09
HSC HOSPITALS	521	2,428	2,683,072.36	1105.05	.020	5149.85	21.56

NON-HSC HOSPITALS TOTAL	10	105		39,573.02	376.89	.001	3957.30		.32
ACCOMMODATIONS	10	105		24,022.17	228.78	.001	2402.22		.19
ADMINISTRATIVE DAYS	10 0 0 10	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0 0 105		.00	.00	.000	.00		.00
ALL OTHER ACCOM	10	105			228.78	.001	2402.22		.19
ANCILLARIES	10			15 550 95	.00	.000	1555.09		.12
INPATIENT CROSSOVERS	30	82,943		26,802.19	.00		893.41		.22
ALL OTHER INPATIENT	0	0		.00	.00	000	0.0		.00
CO HOSP OUTPATIENT TOTAL	20,026	82,943		2,898,810.71	34.95	.666	144.75		23.29
MEDICAL	13,126	21,510		765,129.31	35.57	.173	58.29		6.15
SURGERY	694	905		88,740.45	35.57 98.06	.007	58.29 127.87		.71
PATHOLOGY		14,692		166,391.32	11.33 108.81 37.37	. 118	40.51		1.34
RADIOLOGY	2,595	3,795		412,937.97	108.81	.030	40.51 159.13 57.27		3.32
ROOM USE	13,379	20,500		766,180.79	37 37	165	57 27		6.16
CROSSOVERS/ALL OTH OUTPTNT	6 011	21,541		699,430.87	32.47	.173	116.36		5.62
#CALIF DEPT OF HEALTH SERV			FC					D	
MOP024	FEE-FOR-SERVICE			MONTH OF TATMENT RE	SIONI FON OAN 2	LOUY IIINO D	BC 2004	1.7	03/14/05
VENTURA COUNTY		ICES FOR CASH GRA	יידע ע	- DICABIED	AID CODE	60			03/14/03
VENTORA COUNTI	SUMMARI OF SERV	ICES FOR CASH GR	WINT	- DISABLED	AID CODE		NTHLY AVERA	CF.	
124,472 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ATTEDACE COCH				COST PER
124,4/2 ELIGIBLES	USERS	ONITS OF SERVICE		EXPENDITURES			USER		ELIGIBLE
ACCOMMINITED HOODIEST HORST	10 500	OR DAYS OF CARE		7,566,033.99	PER UNIT/DAY		\$ 718.66		-
@COMMUNITY HOSPITAL TOTAL	10,528	61,542	\$		\$ 122.94		5091.12	Þ	60.79
COMM HOSP INPATIENT TOTAL	1,208	4,685		6,150,068.01	1312.71	.038			49.41
HSC HOSPITALS	739	4,231		4,851,090.46	1146.56	.034	6564.40		38.97
NON-HSC HOSPITALS TOTAL	59	454 454 81 0 373		850,032.47	1312.71 1146.56 1872.32 531.55	.004	14407.33		6.83
ACCOMMODATIONS	59	454		241,322.66	531.55	.004	4090.21		1.94
ADMINISTRATIVE DAYS	8	81		15,159.15	187.15	.001	1894.89		.12
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	52	373		226,163.51	606.34		4349.30		1.82
ANCTLLARTES	59	0		608 709 81	.00	.000	10317.12		4.89
INPATIENT CROSSOVERS	421	0		448,945.08	.00	.000	1066.38		3.61
ALL OTHER INPATIENT	0	0 0 0 0 56,857 6,682			.00 24.90	.000	.00 147.28		.00
COMM HOSP OUTPATIENT TOTAL	9,614	56 , 857		.00 1,415,965.98	24.90	.457	147.28		11.38
MEDICAL	3,869	6,682		154,245,13	23.08	.054	39.87 45.98 60.39		1.24
SURGERY	704	802		32,369.34	40 36	.006	45.98		.26
PATHOLOGY	3,141	17 , 976		189,680.51	10.55	.144	60.39		1.52
RADIOLOGY	2,161	3,444		306,007.60	88.85	.028	141.60		2.46
ROOM USE	4,796	7 , 297		262 , 727 . 78	36.00	.059	54.78		2.11
CROSSOVERS/ALL OTH OUTPTNT	4,957	20,656		470,935.62	22.80	.166	95.00		3.78
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	20	610	\$	470,935.62 387,930.48	\$ 635.95	.005	\$ 19396.52	\$	3.12
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	20	610		387,930.48	635.95	.005	19396.52		3.12
@NURSING FACILITY	886	23,272	\$	3,964,218.15	\$ 170.34	.187	\$ 4474.29	\$	31.85
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	23	642		395,201.44	615.58	.005	17182.67		3.18
LEV B-SUBACUTE HSPTL BASED	24	1,153		624,408.27	541.55	.009	26017.01		5.02
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	844	21,477		2,944,608.44	137.11	.173	3488.87		23.66
@INTERMEDIATE CARE FACILDD	1,090	33,273	\$	5,917,313.08	\$ 177.84		\$ 5428.73	\$	47.54
ICF DDH	769	23,361		3,925,680.85	168.04	.188	5104.92		31.54
ICF DD	34	1,145		169,360.23	147.91	.009	4981.18		1.36
ICF DDN/DDCN	288	8,767		1,822,272.00	207.86	.070	6327.33		14.64
@HEMODIALYSIS TOTAL	1,140	14,241	\$	1,048,068.30	\$ 73.60	.114		\$	8.42
HOSPITAL BASED	0	0	7	.00	.00	.000	.00	4	.00
HEMODIALYSIS CENTER	1,140	14,241		1,048,068.30	73.60	.114	919.36		8.42
	1,110	11/C11		1,010,000.00	73.00	• + + 1	212.00		V • 12

@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	1,115	12 , 751		224,705.83	\$	17.62	.102	201.53	\$	1.81
HOSPITAL BASED	357	2,220		53,225.40		23.98	.018			.43
INDEPENDENT FACILITY	761	10,531 34,172		171,480.43 361,199.81		16.28	.085			1.38
@LABORATORY FACILITY	7,644	34 , 172	\$	361,199.81	\$	10.57	.275	47.25	\$	2.90
PATHOLOGY	7,614	34,099		360,546.39		10.57 8.95	.274			2.90
XO AND OTHERS	31	73 9,413		653.42		8.95	.001	21.08		.01
@ORGANIZED OUTPATIENT CLINIC	4,653	9,413	\$	815,850.75	\$	86.67	.076	175.34	\$	6.55
CLINIC	766	1,215		52,394.46		43.12	.010	68.40		.42
SURGICENTER	182	1,215 547		52,394.46 20,871.77		38.16	.004	114.68		.17
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	14	185		2,243.56		12.13	.001	160.25		.02
RURAL HEALTH CLINIC	3,798	7,466		740,340.96		99.16	.060	194.93		5.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		RES :				2004 THRU DE			GE 17,612
MOP024	FEE-FOR-SERVICE	E/DENTAL								03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RANT	- DISABLED		AID CODE	60			
								THLY AVERA	GE -	
124,472 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES 6,377,677.17 725,725.98	AVI	ERAGE COST	UNITS/DAYS			OST PER
,		OR DAYS OF CAR	E		PER	R UNIT/DAY	PER ELIG	USER		LIGIBLE
@ALL OTHER PROVIDERS	17,773	1,936,589	_ \$	6.377.677.17	Ś	3.29	15.558	358.84		
DURABLE MED. EQUIP.	1.265	4.172		725.725.98	'	173.95	.034			5.83
BLOOD BANK	1,200	0		.00		.00	.000			
HEARING AID DISPENSERS	5.0	97		7.951 49		81 97	001	.00 159.03		.06
MEDICAL TRANSPORTATION	2 - 578	121 - 213		653 681 41		5 39	974	253 56		5.25
AMBIILANCES/AIR TRANS	1.875	19.828		288.090 88		14 53	159	253.56 153.65 815.23		2.31
OTHER TRANS	418	98 335		340 767 23		3 47	790	815 23		2.74
OTHER SERVICES	308	3 050		24 823 30		8 14	.025	80 60		.20
ACHDINCTURE	123	318		5 489 24		17 26	.003	80.60 44.63		.04
ADULT DAY HEALTH CARE CTR	2 768	29 375		2 038 645 89		69 40	.236	736.51		
CENETIC DISEASE TESTING	2 , 700	23 , 373		1 785 00		105.40	.000	105.00		.01
THMC MODEL NE NE AIDS MSSD	136	21 546		752 052 64		103.00	.173	1724.89		6.04
OCCUDATIONAL TUEDADICT	430	21,340		1 067 73		12 52	.001			
OCCUPATIONAL INERAPIST	2 906	6 003		79 607 30		11 20	.055	133.47 27.14		.63
DIVETENT MILEDADICA	2,090	0,903		70,007.30		11.39	.000	11 00		.00
PODMADIE V-DAV	111	207		6 073 23		24 20	.002	11.99 61.17		.06
DDOCTUFTICT/ODTUOTICTC	114	1 630		204 170 50		125 26	.013	650.25		1.64
PROSIDETIST/ORIDOTISTS	127	1,630		204,179.30		123.20	.005	530.23		.58
PROSTRETICS	137	1 020		/I,02/.80		120.99	.008	522.83 736.40		1.06
DOVIGIOLOGICE	100	1,030		132,331.72		127.70	.002	130.40		.07
PSICHOLOGIST	1 002	2 454		170 044 22		39.34	.028	138.94 170.43		1 27
SPEECH AND AUDIOLOGY	1,003	3,454		170,944.23		49.49	.028	170.43		1.37 2.42
0ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.	96	2,423		132,551.72 8,614.44 170,944.23 300,832.42 .00 735,792.15 275.58 20.95 14,314.76		124.16	.019	3133.67		2.42
NONINST BIRTHING CENTERS	3 330	100 055		725 702 15		2.70	.000 1.599	.00 227.87		. U U
LOCAL EDUCATION AGENCIES	3,229	199,055		/35,/92.15		5.70	1.599	227.87		5.91 .00
EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	∠ 1	51		2/5.58		5.40	.000	137.79 20.95		.00
RESPIRATORY CARE PRACT.	1	7		20.95		20.95	.000	20.95		
PED SUBACUTE REHAB/WEANING	4 574	356		,				1590.53		.12
ALL OTHER PROVIDERS	4,5/4	1,545,378		670,660.19		.43				5.39
@CALIF. CHILDREN SERVICES*	3,394	224,391	\$	5,541,812.38	\$ \$	24.70		1632.83		44.52
@XOVER EXCLUDING STATE HOSP**					\$	14.82	1.366	155.58	\$	20.24
0* TOTALS IN THESE LINES ARE										
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED I								0004		~= 15 610
#CALIF DEPT OF HEALTH SERV			KES .	MONTH-OF-PAYMENT R	KEPOR'	r for Jan 2	ZUU4 THRU DI	SC 2004	PA	GE 17,613
MOP024	FEE-FOR-SERVICE		2.2	25 40 40 25 25 25	25 25					03/14/05
VENTURA COUNTY	SUMMARY OF SERV	LUES FOR CGF 30	-33	35 40 42 3A-3M 3P	3K 3T	J 3W 4C-4G			C.T.	
161 271 FF FGFFF		IDITED OF SERVICE	_					THLY AVERA		
161,371 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			OST PER
		OR DAYS OF CAR	ഥ		PEI	R UNIT/DAY	PER ELIG	USER	봔	LIGIBLE

@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE	77,627 20,080 14,790 10,650 12 3,677		\$	18,524,807.40 2,037,087.48 686,910.46 423,469.80 527.72 202,923.76 14,780.27		42.06 42.28 36.29 31.71 43.98 49.64 41.63	2	2.729 .299 .117 .083 .000 .025		238.64 101.45 46.44 39.76 43.98 55.19 42.23		114.80 12.62 4.26 2.62 .00 1.26
OB VISITS/COMPRE PERI	225	559		26,767.63		47.88		.003		118.97		.17
OTHER OUTPATIENT	472	559		18,441.28		32.99		.003		39.07		.11
INPATIENT VISITS HOSPITAL VISITS	963 879	3,540 2,370		277,081.97 111,769.97		78.27 47.16		.022		287.73 127.16		1.72 .69
CRITICAL CARE	136	1,144		164,268.30		143.59		.013		127.16		1.02
SNF/ICF/TRANS IP CARE	9	26		1,043.70		40.14		.000		115.97		.01
OPHTHALMOLOGICAL SERVICES	162	224		9,315.27		41.59		.001		57.50		.06
EXAMINATIONS	159	220		9,224.69		41.93		.001		58.02		.06
SERVICES AND MATERIALS	4	4		90.58		22.65		.000		22.65		.00
INPATIENT HOSPITAL SURGERY	932	5,272		462,526.81		87.73		.033		496.27		2.87
PRINCIPAL SURGEON ASSISTANT SURGEON	580 64	698 64		363,673.60 12,943.02		521.02 202.23		.004		627.02 202.23		2.25
ANESTHESIOLOGIST	396	4,510		85,910.19		19.05		.028		216.94		.53
OUTPATIENT SURGERY	1,077	3,151		161,170.59		51.15		.020		149.65		1.00
PRINCIPAL SURGEON	901	1,086		131,653.22		121.23		.007		146.12		.82
ASSISTANT SURGEON	6	6		569.68		94.95		.000		94.95		.00
ANESTHESIOLOGIST	262	2,059		28,947.69		14.06		.013		110.49		.18
DIALYSIS	5	23		964.68		41.94		.000		192.94		.01
PATHOLOGY	2,406	6,835		45,563.14		6.67		.042		18.94		.28
RADIOLOGY PSYCHIATRY	3 , 988 2	6,163 2		181,020.98 93.56		29.37 46.78		.038		45.39 46.78		1.12
IMMUNIZATION AND INJECTION	559	1,046		113,711.97		108.71		.006		203.42		.70
OTHER SERVICES/ALL X-OVERS	1,502	2,994		98,728.05		32.98		.019		65.73		.61
@PHARMACY	34,648		\$	4,474,810.02	\$.685	\$		\$	27.73
PRESCRIPTION DRUGS	34,380	82,668		4,360,677.62		52.75		.512		126.84		27.02
SNF/ICF	87	559		34,641.58		61.97		.003		398.18		.21
OUTPATIENTS	34,334	82,109		4,326,036.04		52.69		.509		126.00		26.81
MEDICAL SUPPLIES	908	27 , 865	Ċ	114,132.40	ć	4.10		.173	Ċ	125.70	ć	.71
@DENTIST	9,247 7,077	56,931 40,671	\$	1,443,939.41 510,768.29	\$	25.36 12.56		.353	Ş	156.15 72.17	Þ	8.95 3.17
VISITS - DIAGNOSTIC ORAL SURGERY	1,261	2,445		141,603.30		57.92		.015		112.29		.88
DRUGS	252	309		6,245.26		20.21		.002		24.78		.04
ANESTHESIA	27	58		2,395.00		41.29		.000		88.70		.01
PERIODONTICS	244	247		26,654.50		107.91		.002		109.24		.17
ENDODONTICS	794	1,530		165,949.10		108.46		.009		209.00		1.03
RESTORATIVE DENTISTRY	3,165	10,439		506,936.00		48.56		.065		160.17		3.14
PROSTHETICS	37	39		675.00		17.31		.000		18.24		.00
DENTURES, STAYPLATES	55	186 164		22,818.00		122.68 102.13		.001		414.87		.14
SPACE MAINTAINERS MAXILLOFACIAL SERVICES	120 22	164 27		16,749.00 2,866.16		102.13		.001		139.58 130.28		.10 .02
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	480	551		37,855.00		68.70		.003		78.86		.23
ALL OTHER SERVICES	218	265		2,424.80		9.15		.002		11.12		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	SI	MONTH-OF-PAYMENT RI	EPOR:	r for jan	2004	THRU	DEC	2004	PA	AGE 17,614
MOP024	FEE-FOR-SERVICE		_		_	_						03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-3	3 :	35 40 42 3A-3M 3P 3	3R 3t	J 3W 4C-4G		_			C.E.	
161 271 ELICIDIES	HCEDC	IINITHO OF CEDITOR		EADENDIMIDEO	71 77	EDACE COOM				HLY AVERA		
161,371 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST				JUST PER		COST PER

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	2,581	7 , 194	\$	164,567.71		22.88	.045		63.76	\$	1.02
DIAGNOSTIC AND ANC. PROCED	2,001	2,144		87,140.12		40.64	.013		43.55		.54
EYE APPLIANCES	1,762	4,983		75,290.29		15.11	.031		42.73		.47
OTHER OPTOMETRIC SERVICES	56	67		2,137.30		31.90	.000		38.17		.01
@CHIROPRACTOR	195	301	\$	4,978.38		16.54	.002			Ś	.03
VISITS	195 195	301	-	4,978.38	7	16.54	.002		25.53	-	.03
OTHER SERVICES	0	0		.00		.00	.002				.00
	1 , 582		Ċ	107 605 40	Ċ	.00				Ċ	
@PODIATRIST	1,582	5,859	\$	197,625.48	Ş	33.73			124.92	Þ	1.22
MEDICINE/INJECTIONS		1,737		62,843.60		36.18	.011		43.19		.39
SURGERY/ANES.	614 939	679		8,731.79		12.86	.004		14.22		.05
RADIO./PATHOLOGY	939	1,775		31,554.40		17.78	.011		33.60		.20
SURGERY/ANES. RADIO./PATHOLOGY OTHER	1,038	1,668		94,495.69		56.65	.010		91.04		.59
@HOME HEALTH AGENCY	47	157	\$	10,246.13	\$	65.26	.001	\$	218.00	\$.06
NURSE ANESTHESIST	1	2	Ś	40.88			.000			\$.00
NURSE MIDWIFE	10	80	Š	3 980 72	Š	49.76	.000				.02
PEDIATRIC NURSE PRACTITIONER		10	Ċ	3,980.72 673.62 136.15 7,763,775.31	Ċ	35.45			74.85		.00
		19	٦	0/3.02	ې	33.43					
FAMILY NURSE PRACTITIONER	2 25 , 614	5	Ş	136.15	\$	27.23	.000				.00
@TOTAL HOSPITAL	25,614	99,308	Ş	7,763,775.31	Ş	78.18			303.11	Ş	48.11
HOSP INPATIENT TOTAL	945 920 25	3 , 628		4,689,226.74		1292.51	.022		4962.14		29.06
HSC HOSPITALS	920	3 , 479		4,319,942.21		1241.72	.022		4695.59		26.77
NON-HSC HOSPITAL TOTAL	25	149		348,296.53		2337.56	.001		13931.86		2.16
ACCOMMODATIONS	25	149		89,756.58		602.39	.001		3590.26		.56
ADMINISTRATIVE DAYS	25 1 0	18		4,163.40		231.30	.000		4163.40		.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
TRANSTITONAL IF CARE	24	131		85 , 593.18							
ALL OTHER ACCOM						653.38	.001		3566.38		.53
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT		0		258,539.95		.00	.000		10341.60		1.60
INPATIENT CROSSOVERS	3	0		20,988.00		.00	.000		6996.00		.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3 0 25,127	95 , 680		3,074,548.57		32.13	.593		122.36 49.03		19.05
MEDICAL	18 1145	25,931		884,800.09		34.12	.161		49.03		5.48
SURGERY	1,520	1,727		96,834.06		56.07	.011		63.71		.60
PATHOLOGY	6 , 558	21.230		215 855 53		10.17	.132		32.91		1.34
RADIOLOGY	4 144	21,230 5,718		397,210.52		69.47	.035		95.85		2.46
DOOM HEE	21,527 5,176 14,637	20 117		1,073,533.42		36.46	.182		49.87		6.65
ROOM USE	21,327	29,447		1,073,333.42							
CROSSOVERS/ALL OTH OUTPTNT	5,1/6	11,62/		406,314.95		34.95	.072		78.50		2.52
@COUNTY HOSPITAL TOTAL	14,63/	48,720	Ş	3,397,794.72			.302	Ş		Ş	21.06
CO HOSPITAL INPATIENT TOTAL	352 351	1,272 1,272		1,700,409.52		1336.80	.008		4830.71		10.54
HSC HOSPITALS		1 , 272		1,699,569.52		1336.14	.008		4842.08		10.53
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0									
INPATIENT CROSSOVERS	1	U		840.00		.00	.000		840.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	14,493	47,448		1,697,385.20		35.77	.294		117.12		10.52
MEDICAL	12,023	16 , 330		551,906.78		33.80	.101		45.90		3.42
SURGERY	582	671		57,361.41		85.49	.004		98.56		.36
PATHOLOGY	3,008	7,563		79,994.41		10.58	.047		26.59		.50
RADIOLOGY	1,701	2,295		178,921.62		77.96	.014		105.19		1.11
ROOM USE	12,888	17,131		639,486.54		37.33	.106		49.62		3.96
CROSSOVERS/ALL OTH OUTPINT	1,562	3,458		189,714.44		54.86	.021		121.46		1.18
			י סביכ					Dir		יי רו	
	MEDI-CAL SERVICES		ベロン	MONIA-OF-PAIMENT .	KEPUR	AI FOR JAN 20	U4 THRU	טבו(∠ ∠004	PF	AGE 17,615
MOP024	FEE-FOR-SERVICE/DE		0.0	05 40 40 05 05 5	0						03/14/05
VENTURA COUNTY	SUMMARY OF SERVICE	S FOR CGF 30-	-33	35 40 42 3A-3M 3P	3R 3	5U 3W 4C−4G					

161,371 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY			LIGIBLE
-	12 , 298	50 , 588	\$, ,	\$ 86.30		•	\$ 27.06
COMM HOSP INPATIENT TOTAL	598	2,356		1268.60		4998.02	18.52
HSC HOSPITALS	574	2,207		1187.30		4565.11	
NON-HSC HOSPITALS TOTAL	25	149	348,296.53				2.16
ACCOMMODATIONS	25	149		602.39		3590.26	.56
ADMINISTRATIVE DAYS	1	18	4,163.40	231.30	.000	4163.40	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	24	131	85 , 593.18	653.38	.001	3566.38	.53
ANCILLARIES	25	0	258,539.95	.00	.000	10341.60	1.60
INPATIENT CROSSOVERS	2	0	20,148.00	.00	.000	10074.00	.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11,897	48,232	1,377,163.37		.299	115.76	8.53
MEDICAL	6 , 589	9,601	332,893.31	34.67	.059	50.52	2.06
SURGERY	953	1,056	39,472.65			41.42	.24
PATHOLOGY	3,674	13,667	135,861.12	9.94	.085	36.98	.84
RADIOLOGY	2,539	3,423	218,288.90	63.77	.021	85.97	1.35
ROOM USE	9,501	12,316	434,046.88	35.24	.076	45.68	2.69
CROSSOVERS/ALL OTH OUTPTNT	3 , 691	8,169	216,600.51	26.51	.051	58.68	1.34
@STATE HOSPITAL	7	212	\$ 141,318.58	\$ 666.60	.001	\$ 20188.37	\$.88
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	212	141,318.58	666.60	.001	20188.37	.88
@NURSING FACILITY	13	212	\$ 90,430.94	\$ 426.56	.001	\$ 6956.23	\$.56
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	5	135	68,146.14	504.79	.001	13629.23	.42
LEV B-SUBACUTE HSPTL BASED	2	15	8,277.45	551.83	.000	4138.73	.05
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6	62	14,007.35	225.93	.000	2334.56	.09
@INTERMEDIATE CARE FACILDD	25	751	\$ 126,733.61	\$ 168.75	.005	\$ 5069.34	\$.79

----- MONTHLY AVERAGE -----

ICF DDH	24	740		124,722.92		168.54	.005		5196.79		• 77
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	1	11		2,010.69		182.79	.000		2010.69		.01
@HEMODIALYSIS TOTAL	17	219	\$	16,491.63	\$	75.30	.001	\$	970.10	\$.10
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	17	219		16,491.63		75.30	.001		970.10		.10
@REHABILITATION FACILITY	270	1,449	\$	32,273.16	\$	22.27	.009	\$	119.53	\$.20
HOSPITAL BASED	236	1,010		25,145.02		24.90	.006		106.55		.16
INDEPENDENT FACILITY	34	439		7,128.14		16.24	.003		209.65		.04
@LABORATORY FACILITY	5 , 932	21,809	\$	264,963.29	\$	12.15	.135	\$	44.67	\$	1.64
PATHOLOGY	5 , 924	21 , 797		264,249.29		12.12	.135		44.61		1.64
XO AND OTHERS	12	12		714.00		59.50	.000		59.50		.00
@ORGANIZED OUTPATIENT CLINIC	6 , 543	11,384	\$	1,171,280.17	\$	102.89	.071	\$	179.01	\$	7.26
CLINIC	757	1,690		61,778.52		36.56	.010		81.61		.38
SURGICENTER	94	213		7,589.68		35.63	.001		80.74		.05
HEROIN DETOX CLINIC	16	191		2,248.10		11.77	.001		140.51		.01
RURAL HEALTH CLINIC	5 , 772	9,290		1,099,663.87		118.37	.058		190.52		6.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT E	REPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 17,616
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICE	S FOR CGF 30	-33 3	5 40 42 3A-3M 3P	3R 3U	3W 4C-4	G				

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 161,371 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9,797 579,454.73 @ALL OTHER PROVIDERS 75**,**844 \$ 7.64 .470 \$ 59.15 \$ DURABLE MED. EQUIP. 223 793 28,366.58 35.77 .005 127.20 .18 0 BLOOD BANK .00 .00 .000 .00 1 1149.76 HEARING AID DISPENSERS 1 1,149.76 .000 1149.76 .01 770 9.78 MEDICAL TRANSPORTATION 13**,**689 133,810.44 .085 173.78 .83 AMBULANCES/AIR TRANS 751 7,170 99,684.18 13.90 .044 132.74 17 OTHER TRANS 6,494 16,028.60 2.47 .040 942.86 .10 13 OTHER SERVICES 25 18,097.66 723.91 .000 1392.13 .11 ACUPUNCTURE 9 15 286.54 19.10 .000 31.84 ADULT DAY HEALTH CARE CTR 11 100 6,968.44 69.68 .001 633.49 .04 GENETIC DISEASE TESTING 121 121 12,681.00 104.80 .001 104.80 .08 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 OCCUPATIONAL THERAPIST 9 104 1,405.99 13.52 .001 156.22 .01 35,891.81 OPTICIAN 1,719 3,901 9.20 .024 20.88 .22 .00 PHYSICAL THERAPIST 0 .00 .000 3 286.63 35.83 95.54 PORTABLE X-RAY 8 .000 .00 34 PROSTHETIST/ORTHOTISTS 97 6,680.47 68.87 .001 196.48 .04 34.43 91.82 PROSTHETICS 2,203.77 .000 10 33 135.66 .000 447.67 ORTHOTICS 4,476.70 .03 393.27 PSYCHOLOGIST 34 223 13,371.19 59.96 .001 .08 119.17 650 44.55 SPEECH AND AUDIOLOGY 28,957.93 .004 .00 HOSPICE SERVICES .00 .00 .000 .00 0 .00 NONINST BIRTHING CENTERS .00 0 .00 .000 .00 29,326 6,506 294,910.03 LOCAL EDUCATION AGENCIES 10.06 .182 45.33 9 EPSDT SUPPLEMENTAL SERVICE 187 1,024.16 5.48 .001 113.80 .01 0 0 .00 .00 RESPIRATORY CARE PRACT. .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 ALL OTHER PROVIDERS 282 26,629 13,663.76 .51 .165 48.45 .08 @CALIF. CHILDREN SERVICES* 725 11,267 1,871,079.52 .070 \$ 2580.80 \$ 166.07 11.59 @XOVER EXCLUDING STATE HOSP** 44,834.42 138.38 .002 \$ 605.87 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,617 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

VENTURA COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT	- TOTAL				~=
						ONTHLY AVERA	
347,857 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	223,082	6,763,991 \$	116,496,128.12	\$ 17.22	19.445		
@PHYSICIANS SERVICES	50 , 561	168,145 \$	5,698,170.91	\$ 33.89	.483	\$ 112.70	\$ 16.38
OUTPATIENT VISITS	25,211	33,741	1,267,051.59	37.55	.097	50.26	3.64
OFFICE VISITS	18,456	24,104	770,125.16	31.95	.069	41.73	2.21
HOME VISITS	269	353	14,386.65	40.76	.001	53.48	.04
EMERGENCY ROOM	6,161	7,142	397,395.50	55.64	.021	64.50	1.14
PREVENTIVE CARE	373	378	15,841.51	41.91	.001	42.47	.05
OB VISITS/COMPRE PERI	239	590	28,394.92	48.13	.002	118.81	.08
OTHER OUTPATIENT	893	1,174	40,907.85	34.84	.003	45.81	.12
INPATIENT VISITS	3,213	13,154	843,488.79	64.12	.038	262.52	2.42
	2,624	•					1.35
HOSPITAL VISITS		10,031	467,947.28	46.65	.029	178.33	
CRITICAL CARE	320	2,180	343,390.15	157.52	.006	1073.09	.99
SNF/ICF/TRANS IP CARE	506	943	32,151.36	34.09	.003	63.54	.09
OPHTHALMOLOGICAL SERVICES	988	1,456	60,097.61	41.28	.004	60.83	.17
EXAMINATIONS	981	1,444	59,719.88	41.36	.004	60.88	.17
SERVICES AND MATERIALS	10	12	377.73	31.48	.000	37.77	.00
INPATIENT HOSPITAL SURGERY	1,795	14,032	937 , 635.72	66.82	.040	522.36	2.70
PRINCIPAL SURGEON	1,161	3 , 172	731,380.26	230.57	.009	629.96	2.10
ASSISTANT SURGEON	122	136	25,833.88	189.96	.000	211.75	.07
ANESTHESIOLOGIST	751	10,724	180,421.58	16.82	.031	240.24	.52
OUTPATIENT SURGERY	2,493	8,391	511,164.28	60.92	.024	205.04	1.47
PRINCIPAL SURGEON	2,493 1,995 16	2,622	410,653.78	156.62	.008	205.84	1.18
ASSISTANT SURGEON	. 16	. 16	1,588.45	99.28	.000	99.28	.00
ANESTHESIOLOGIST	649	5,753	98,922.05	17.19	.017	152.42	.28
DIALYSIS	181	560	51,877.49	92.64	.002	286.62	.15
PATHOLOGY	4.723	21,556	114,900.45	5.33	.062	24.33	.33
RADIOLOGY	4,723 8,440	16,745	645,511.07	38.55	.048	76.48	1.86
PSYCHIATRY	7	7	338.90	48.41	.000	48.41	.00
IMMUNIZATION AND INJECTION	995	2,910	211,939.62	72.83	.008	213.00	.61
OTHER SERVICES/ALL X-OVERS	17 , 966	55,593	1,054,165.39	18.96	.160	58.68	3.03
@PHARMACY	152,351	2,818,097 \$	53,460,797.16	\$ 18.97	8.101		
PRESCRIPTION DRUGS	149,678	550,731		93.10	1.583	342.56	147.40
		•	51,274,073.56				
SNF/ICF	5,438	38,581	3,393,216.21	87.95	.111	623.98	9.75
OUTPATIENTS	145,321	512,150	47,880,857.35	93.49	1.472	329.48	137.65
MEDICAL SUPPLIES	13,789	2,267,366	2,186,723.60	.96	6.518	158.58	6.29
@DENTIST	19,259	101,869 \$		\$ 29.79	.293		
	14,016	70,548	875,652.42	12.41	.203	62.48	2.52
ORAL SURGERY	2,713	5,910	334,823.06	56.65	.017	123.41	.96
DRUGS	289	364	7,240.26	19.89	.001	25.05	.02
ANESTHESIA	44	76	3,995.00	52.57	.000	90.80	.01
PERIODONTICS	1,238	1,271	135,537.20	106.64	.004	109.48	.39
ENDODONTICS	1,379	2,379	340,317.10	143.05	.007	246.79	.98
RESTORATIVE DENTISTRY	5 , 526	16,612	899 , 337.50	54.14	.048	162.75	2.59
PROSTHETICS	179	190	5,110.00	26.89	.001	28.55	.01
DENTURES, STAYPLATES	1,136	3,171	365,521.97	115.27	.009	321.76	1.05
SPACE MAINTAINERS	125	170	17,469.00	102.76	.000	139.75	.05
MAXILLOFACIAL SERVICES	47	53	5,014.14	94.61	.000	106.68	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	542	636	41,692.50	65.55	.002	76.92	.12
ALL OTHER SERVICES	449	489	2,884.80	5.90	.001	6.42	.01
		100	=, 001.00	S • 5 5	• • • •	0.12	• • •

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,618 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

VENTURA COUNTY	SUMMARY OF SERV	MONTHLY AVERAGE									
247 057 ELICIDIES	USERS	UNITS OF SERVICE	,	EVDENDIBLIDEC	71 7 7	EDACE COCH				GŁ	COST PER
347,857 ELIGIBLES	USEKS			EXPENDITURES				5	USER		ELIGIBLE
@OPTOMETRIST	7,814	OR DAYS OF CARE 22,131	\$	489,035.29	\$	R UNIT/DAY 22.10	.064	ċ	62.58	ċ	1.41
DIAGNOSTIC AND ANC. PROCED	4,049	4,374	Ą	176,429.44	Ą	40.34	.013	Ą	43.57	Ą	.51
EYE APPLIANCES	5,932	16,850		295,618.09		17.54	.013		49.83		.85
	533					18.73					.05
OTHER OPTOMETRIC SERVICES	424	907 761	Ċ	16,987.76	\$.003	Ċ	31.87	Ċ	.03
@CHIROPRACTOR			\$		Ą			Þ	29.08	Þ	
VISITS	403	717 44		11,795.96		16.45 12.12	.002		29.27		.03
OTHER SERVICES	21		ć	533.49	Ċ		.000	<u>_</u>	25.40	Ċ	.00
@PODIATRIST	4,245 2,444	10,561	\$	275,726.61	\$.030	Þ	64.95	Þ	.79
	2,444	2,887		95,964.91		33.24			39.27		.28
SURGERY/ANES.	722	806		10,593.31		13.14	.002		14.67		.03
RADIO./PATHOLOGY	1,058 2,790	1,983		35,261.80		17.78	.006		33.33		.10
	2,790	4,885		133,906.59		27.41	.014		48.00		.38
@HOME HEALTH AGENCY	552	17,181	Ş		\$	27.41 33.09 6.91	.049		1029.92		1.63
NURSE ANESTHESIST	4	13	Ş		\$	6.91	.000		22.47		.00
NURSE MIDWIFE	10	80	Ş		\$	49.76	.000		398.07		.01
PEDIATRIC NURSE PRACTITIONER		19	\$		\$.000		74.85		.00
FAMILY NURSE PRACTITIONER	2	5	Ş		\$	27.23	.000		68.08		.00
@TOTAL HOSPITAL	59,409	265,844	\$	- , ,	\$.764	Ş		Ş	66.41
HOSP INPATIENT TOTAL	3,210	12,625		15,318,010.68		1213.31	.036		4771.97		44.04
HSC HOSPITALS	2,428	11,885		13,312,375.56		1120.10	.034		5482.86		38.27
NON-HSC HOSPITAL TOTAL	100	729		1,257,833.36		1725.42	.002		12578.33		3.62
ACCOMMODATIONS	100	729		361,864.69		496.39	.002		3618.65		1.04
ADMINISTRATIVE DAYS	11	107		21,172.95		197.88	.000		1924.81		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	90	622		340 , 691.74		547.74	.002		3785.46		.98
ANCILLARIES	100	0		895 , 968.67		.00	.000		8959.69		2.58
INPATIENT CROSSOVERS	714	11		747 , 801.76		67981.98	.000		1047.34		2.15
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	57,546	253,219		7,781,874.42		30.73	.728		135.23		22.37
MEDICAL	34,741	54,847		1,828,999.69		33.35	.158		52.65		5.26
SURGERY	2,974	3,498		225,930.45		64.59	.010		75.97		.65
PATHOLOGY	13,844	54 , 770		580 , 970.96		10.61	.157		41.97		1.67
RADIOLOGY	8,941	13,178		1,142,518.40		86.70	.038		127.78		3.28
ROOM USE	39,232	58,080		2,133,859.98		36.74 27.16	.167		54.39		6.13
CROSSOVERS/ALL OTH OUTPTNT		68,846		1,869,594.94		27.16	.198		93.62		5.37
@COUNTY HOSPITAL TOTAL	37,544	142,780	\$		\$.410	\$		\$	27.13
CO HOSPITAL INPATIENT TOTAL		4,030		4,674,871.32		1160.02	.012		4910.58		13.44
HSC HOSPITALS	905	3,912		4,599,241.18		1175.68	.011		5082.03		13.22
NON-HSC HOSPITALS TOTAL	11	107		40 , 182.72		375.54	.000		3652.97		.12
ACCOMMODATIONS	11	107		24,484.77		228.83	.000		2225.89		.07
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000		462.60		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	105		24,022.17		228.78	.000		2402.22		.07
ANCILLARIES	11	0		15,697.95		.00	.000		1427.09		.05
INPATIENT CROSSOVERS	41	11		35,447.42		3222.49	.000		864.57		.10
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	37,202	138,750		4,761,031.17		34.31	.399		127.98		13.69
MEDICAL	25 , 528	38,424		1,336,176.56		34.77	.110		52.34		3.84
SURGERY	1,303	1,597		151,438.79		94.83	.005		116.22		. 44
PATHOLOGY	7,252	22,698		251,160.84		11.07	.065		34.63		.72

97.65 RADIOLOGY 4,371 6,186 604,074.64 .018 138.20 1.74 38,245 1,428,480.43 53.60 ROOM USE 26,650 37.35 .110 4.11 9,861 989,699.91 CROSSOVERS/ALL OTH OUTPTNT 31,600 31.32 .091 100.37 2.85 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,619

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
VENTURA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

VENTURA COUNTY		ICES FOR CASH GRANT	- TOTAL					
347,857 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL					MON			
347,857 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST	
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGI	
@COMMUNITY HOSPITAL TOTAL	25 , 377	123,064 \$	13,663,982.61	\$ 111.03	.354 \$			9.28
COMM HOSP INPATIENT TOTAL	2,291	8,595	10,643,139.36	1238.29	.025	4645.63	30	0.60
HSC HOSPITALS	1,551	7 , 973	8,713,134.38	1092.83	.023	5617.75	25	5.05
NON-HSC HOSPITALS TOTAL	89	622	1,217,650.64	1957.64	.002	13681.47	3	3.50
ACCOMMODATIONS	89	622	337,379.92	542.41	.002	3790.79		.97
ADMINISTRATIVE DAYS	10	105	20,710.35	197.24	.000	2071.04		.06
TRANSITIONAL IP CARE	0	0	.00	1238.29 1092.83 1957.64 542.41 197.24 .00 612.51	.000	.00		.00
ALL OTHER ACCOM	80	517	316,669.57	612.51	.001	3958.37		.91
ANCILLARIES	89	0	880,270.72	.00	.000	9890.68		2.53
INPATIENT CROSSOVERS	674	8,595 7,973 622 622 105 0 517 0 0 114,469 16,423	712.354.34	.00	0.00	1056.91		2.05
ALL OTHER INPATIENT	0	0	00	0.0	.000	.00		.00
COMM HOSP OUTPATTENT TOTAL	23 622	114 469	3 020 843 25	26 39	329			3.68
MEDICAL	10 553	16 423	492,823.13	30.00	047	127.88 46.70		L.42
GIDCEDV	1 695	1 901	492,823.13 74,491.66 329,810.12	30.01	.005	43.70		.21
DAMACIOCA	6 012	32 072	220 010 12	10 20	.092	43.95 47.72		.95
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	4 703	0 0 114,469 16,423 1,901 32,072 6,992 19,835	538,443.76	77 01	.020	112.57		.95 L.55
RADIOLOGI DOOM HEE	14 426	10 025	538,443.76 705,379.55	77.01	.057	48.86		2.03
CDOCCOVEDC / ALL OHI OUHDHAH	14,430	19,033	703,379.33	33.30	107			2.03
CROSSOVERS/ALL OTH OUTPINT	10,597	3/,240	879,895.03 529,249.06	23.02	.107	83.03		
USTATE HOSPITAL	27	822 \$	529,249.06	\$ 643.86	.002 \$	19601.82	\$ 1	L.52
MENTALLY ILL	U	U	.00	.00	.000	.00		.00
SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	2/	822	529,249.06	.00 .00 26.39 30.01 39.19 10.28 77.01 35.56 23.62 \$ 643.86 .00 643.86	.002	19601.82		L.52
@NURSING FACILITY	1,653	39,713 \$	6,782,939.72	¥ 170.00	• + + + +	4103.41	\$ 19	9.50
CROON USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DDD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	29	780	464,576.74 1,079,011.07	595.61	.002	16019.89		L.34
LEV B-SUBACUTE HSPTL BASED	43	2 , 055	1,079,011.07	525.07	.006	25093.28		3.10
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	1 , 593	36 , 878	5,239,351.91	142.07	.106	3288.98		5.06
@INTERMEDIATE CARE FACILDD	1,137	34,668 \$	6,155,306.09	\$ 177.55 168.18 147.91 207.82	.100 \$	5413.64	\$ 17	7.69
ICF DDH	815	24,745	4,161,663.17	168.18	.071	5106.34	11	L.96
ICF DD	34	1,145	169,360.23	147.91	.003	4981.18		.49
ICF DDN/DDCN	289	8,778	1,824,282.69	207.82	.025	6312.40	5	5.24
@HEMODIALYSIS TOTAL	1,708	18,951 \$	1,464,466.89	\$ 77.28	.054 \$	857.42	\$ 4	1.21
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	1,708	18,951	1,464,466.89	77.28	.054	857.42	4	1.21
@REHABILITATION FACILITY	1,417	14,532 \$	263,022.32		.042 \$.76
HOSPITAL BASED	599	3.247	78,849.22		.009	131.63		.23
INDEPENDENT FACILITY	821	11.285	184,173.10	24.28 16.32	.032	224.33		.53
GIARORATORY FACTITTY	14 315	58,560 \$	651,892.68	ć 11 10	160 6			L.87
PATHOLOGY	14 237	58 , 379	649,860.81	11 13	.168	45.65		L.87
XO AND OTHERS	14,237 84	181	2,031.87	11 23	.001	24.19		.01
ACCANTAED CHADAMTENA CLINIC	12 521	23,083 \$	2,125,330.71	\$ 92.07	.066 \$			5.11
@ORGANIZED OUTPATIENT CLINIC CLINIC	14,J41 1 971	3,379	132,967.49	\$ 11.13 11.13 11.23 \$ 92.07 39.35 52.20 11.97	.010	71.07		.38
CITIATO	7,011	3,379 896	46,767.30	59.33	.003	120.53		.30
SURGICENTER	300 21	390		J∠.∠U 11 07	.003			.13
HEROIN DETOX CLINIC	1,871 388 31 10,453		4,667.61	105.38	.001	150.57	-	5.58
RURAL HEALTH CLINIC	1U,433	18,418	1,940,928.31		.053	185.68		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES I	TONTH-OF-PAYMENT R.	EFORT FOR JAN	ZUU4 THKU DE	L 2004	PAGE 1	. / , 02U

03/14/05

ALL OTHER PROVIDERS	8 , 785	2,587,467	994,399.28	.38	7.438	113.19	2.86
@CALIF. CHILDREN SERVICES*	4,232	268,307	\$ 7,517,531.75	\$ 28.02	.771	1776.35	\$ 21.61
@XOVER EXCLUDING STATE HOSP**	30,817	368 , 597	\$ 4,461,052.17	\$ 12.10	1.060	144.76	\$ 12.82

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,621 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOP024	FEE-FOR-SERVIC	E/DENTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SER	VICES FOR 185% PROGRA	AM - INFANTS	AID CODES 47	69		
					MON	THLY AVERAG	E
17,794 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9,262	37 , 755 \$	3,023,262.26	\$ 80.08	2.122 \$	326.42	\$ 169.90
@PHYSICIANS SERVICES	3,060	8,707 \$	559,236.01	\$ 64.23	.489 \$	182.76	
OUTPATIENT VISITS	2,439	3,361	120,066.86	35.72	.189	49.23	6.75
OFFICE VISITS	1,837	2,538	83,703.87	32.98	.143	45.57	4.70
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	541	585	27,962.57	47.80	.033	51.69	1.57
PREVENTIVE CARE	169	179	6,461.17	36.10	.010	38.23	.36
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	56	59	1,939.25	32.87	.003	34.63	.11
INPATIENT VISITS	244	1,725	201,843.92	117.01	.097	827.23	11.34
HOSPITAL VISITS	199	630	34,714.14	55.10	.035	174.44	1.95
CRITICAL CARE	74	1,087	166,791.98	153.44	.061	2253.95	9.37
SNF/ICF/TRANS IP CARE	3	8	337.80	42.23	.000	112.60	.02
OPHTHALMOLOGICAL SERVICES	9	9	441.46	49.05	.001	49.05	.02
EXAMINATIONS	9	9	441.46	49.05	.001	49.05	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	58	441	43,364.07	98.33	.025	747.66	2.44
PRINCIPAL SURGEON	37	54	29,356.42	543.64	.003	793.42	1.65
ASSISTANT SURGEON	4	4	1,768.46	442.12	.000	442.12	.10
ANESTHESIOLOGIST	27	383	12,239.19	31.96	.022	453.30	.69
OUTPATIENT SURGERY	45	96	6,524.72	67.97	.005	144.99	.37
PRINCIPAL SURGEON	39	44	5,189.47	117.94	.002	133.06	.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	52	1,335.25	25.68	.003	190.75	.08
DIALYSIS	5	19	1,872.41	98.55	.001	374.48	.11
PATHOLOGY	217	1,088	4,552.46	4.18	.061	20.98	.26
RADIOLOGY	423	897	12,796.21	14.27	.050	30.25	.72
PSYCHIATRY	Ō	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	190	511	135,328.50	264.83	.029	712.26	7.61
OTHER SERVICES/ALL X-OVERS	218	560	32,445.40	57.94	.031	148.83	1.82
@PHARMACY	4,918	11,356 \$	272,238.41	\$ 23.97	.638 \$		\$ 15.30
PRESCRIPTION DRUGS	4,866	10,613	235,297.77	22.17	.596	48.36	13.22
SNF/ICF	4	20	1,016.29	50.81	.001	254.07	.06
OUTPATIENTS	4,862	10,593	234,281.48	22.12	.595	48.19	13.17
MEDICAL SUPPLIES	131	743	36,940.64	49.72	.042	281.99	2.08
@DENTIST	6	13 \$	248.00	\$ 19.08	.001 \$	41.33	
VISITS - DIAGNOSTIC	6	13	248.00	19.08	.001	41.33	.01
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	· ·	-	• • •				

DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURE:	S MONI		F DOR'			DEC		D	AGE 17,622
MOP024	FEE-FOR-SERVICE		S MON.	III OF FAIMENT N.	EFOI	I FOR UAN 2	OMITT POO		. 2004	E	03/14/05
		ICES FOR 185% PRO	CDAM	TNEANDO	7. Т	D CODEC 47	60				03/14/03
VENTURA COUNTY	SUMMARI OF SERV	TCES FOR 103% PRO	GRAM -	- INFANIS	AI	D CODES 47		_ N.T.		C.E.	
17 704 51 5055 50				=======================================			M				
17,794 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
_	_	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	6		\$	240.65	\$.000	Ş	40.11	Ş	.01
DIAGNOSTIC AND ANC. PROCED	5	5		229.24		45.85	.000		45.85		.01
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	1	1		11.41		11.41	.000		11.41		.00
@CHIROPRACTOR	2		\$	150.48	\$	16.72	.001	\$	75.24	\$.01
VISITS	2	9		150.48		16.72	.001		75.24		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3		Ś	255.72	\$	36.53	.000	Ś	85.24	Ś	.01
MEDICINE/INJECTIONS	3	7	Υ	255.72	Υ	36.53	.000	۲	85.24	۲	.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0				.00			.00		
	0	0		.00			.000				.00
OTHER	· ·		<u>^</u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@HOME HEALTH AGENCY	12	24	\$ •	1,349.34	\$	56.22	.001		112.45	\$.08
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,617	12,742	\$	1,900,368.47	\$	149.14	.716	\$	525.40	\$	106.80
HOSP INPATIENT TOTAL	126	1,090		1,540,415.11		1413.22	.061		12225.52		86.57
HSC HOSPITALS	121	1,076		1,515,891.75		1408.82	.060		12528.03		85.19
NON-HSC HOSPITAL TOTAL	5	. 14		24,523.36		1751.67	.001		4904.67		1.38
ACCOMMODATIONS	5	14		10,212.72		729.48	.001		2042.54		.57
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	14		10,212.72		729.48	.001		2042.54		.57
ANCILLARIES	5	0		14,310.64		.00	.000		2862.13		.80
	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0									
ALL OTHER INPATIENT	3 , 546	•		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,546	11,652		359,953.36		30.89	.655		101.51		20.23
MEDICAL	2,921	4,370		147,291.32		33.71	.246		50.42		8.28
SURGERY	56	62		3,549.68		57.25	.003		63.39		.20
PATHOLOGY	485	1,485		13,707.52		9.23	.083		28.26		.77
RADIOLOGY	426	508		20,994.22		41.33	.029		49.28		1.18
ROOM USE	3,244	4 , 578		162 , 996.05		35.60	.257		50.25		9.16
CROSSOVERS/ALL OTH OUTPTNT	454	649		11,414.57		17.59	.036		25.14		.64
@COUNTY HOSPITAL TOTAL	2 , 197	6,888	\$	620,459.73	\$	90.08	.387	\$	282.41	\$	34.87
CO HOSPITAL INPATIENT TOTAL	49	270		396,750.00		1469.44	.015		8096.94		22.30
HSC HOSPITALS	49	270		396,750.00		1469.44	.015		8096.94		22.30
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES	0	0									
ANCILLAKIES	U	U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2,173	6,618		223,709.73		33.80	.372	102.95		12.57
MEDICAL	2,013	2,887		99,579.31		34.49	.162	49.47		5.60
SURGERY	19	22		2,128.96		96.77	.001	112.05		.12
PATHOLOGY	195	442		3,907.31		8.84	.025	20.04		.22
RADIOLOGY	176	217		11,185.57		51.55	.012	63.55		.63
ROOM USE	2,043	2,852		103,616.66		36.33	.160	50.72		5.82
CROSSOVERS/ALL OTH OUTPTNT	,	198		3,291.92		16.63	.011	21.52		.19
#CALIF DEPT OF HEALTH SERV			TIRES MON	TH-OF-PAYMENT RI	FDOR				PAG	E 17,623
MOP024	FEE-FOR-SERVICE		OKES MOI	III OF TATHENT IN		I FOR OAN 2	2004 11110 1	DEC 2004		03/14/05
VENTURA COUNTY	SUMMARY OF SERV		DDOCDAM	- INFANTS	λТ	D CODES 47	60			03/14/03
VENTURA COUNTI	SUMMARI OF SERV	ICES FOR 103%	FROGRAM	- INFANIS	ΑI	D CODES 47		NTHLY AVERA	CF	
17 704 ELICIPIES	USERS	INTER OF CERT	CE	EVDENDIBLIDEC	71.77	EDACE COCH				ST PER
17,794 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		ERAGE COST				-
@COMMUNITY HOSPITAL TOTAL	1 504	OR DAYS OF CA		1 070 000 74		R UNIT/DAY		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	1,584	5,854	\$	1,279,908.74	\$.329	•	Ş	71.93
COMM HOSP INPATIENT TOTAL	78 73	820		1,143,665.11		1394.71	.046	14662.37		64.27
	73	806		1,119,141.75		1388.51	.045	15330.71		62.89
NON-HSC HOSPITALS TOTAL	5	14		24,523.36		1751.67	.001	4904.67		1.38
ACCOMMODATIONS	5	14		10,212.72		729.48	.001	2042.54		.57
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	5	14		10,212.72		729.48	.001	2042.54		.57
ANCILLARIES	5	0		14,310.64		.00	.000	2862.13		.80
INPATIENT CROSSOVERS	0	14 14 0 0 14 0 0 0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
	1,531	5.034		136,243.63		27.06	.283	88.99		7.66
MEDICAL	984	1,483		47,712.01		32.17	.083	48.49		2.68
SURGERY	37	40		1,420.72		35.52	.002	38.40		.08
PATHOLOGY	299	1,043		9,800.21		9.40	.059	32.78		.55
RADIOLOGY	255	291		9,808.65		33.71	.016	38.47		.55
ROOM USE	1,315	1,726		59,379.39		34.40	.097	45.16		3.34
	307	451		8,122.65		18.01	.025	26.46		.46
@STATE HOSPITAL	307 0 0 0 1 0 0	401	\$.00	\$.00	.000		\$.00
WENTER HOSPITAL	0	0	ş		Ą			•	ې	
MENTALLY ILL	0	-		.00		.00	.000	.00		.00
DEVELOP. DISABLED	U	0		.00		.00	.000	.00		.00
@NURSING FACILITY	1	36	\$	24,230.88	\$	673.08		\$ 24230.88	\$	1.36
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
		36		24,230.88		673.08	.002			1.36
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	1,837.06	\$	1837.06	.000	\$ 1837.06	\$.10
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	1	1		1,837.06		1837.06	.000	1837.06		.10
@REHABILITATION FACILITY	27	95	\$	2,030.49	\$	21.37		\$ 75.20	\$.11
HOSPITAL BASED	26	83	7	1,890.85	~	22.78	.005	72.73	т	.11
INDEPENDENT FACILITY	1	12		139.64		11.64	.001	139.64		.01
@LABORATORY FACILITY	591	1,157	\$	10,642.35	\$	9.20	.065		Ċ	.60
PATHOLOGY	591		ų	10,642.35	ٻ	9.20	.065	18.01	Y	.60
		1,157								
XO AND OTHERS	0	0		.00		.00	.000	.00		.00

@ORGANIZED OUTPATIENT CLINIC	1,433	2 , 026 \$		\$ 105.38		148.98	\$	12.00
CLINIC	46	50	2,001.59	40.03	.003	43.51		.11
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	1,396		211,492.30	107.03	.111	151.50		11.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO			2004 THRU DEC	2004	PAG	E 17,624
MOP024	FEE-FOR-SERVICE	DENTAL						03/14/05
MOP024 VENTURA COUNTY	SIMMARY OF SERV	ICES FOR 185% PROGRAM	- TNFANTS	AID CODES 47	69			00/11/00
VENTORAL COONTI	BOTHWINT OF BEIN	TODO TOR TOO TROORER	111111111111111111111111111111111111111	TIID CODED IT	MONT	THIV AMERA	CF	
17,794 ELIGIBLES	USERS	UNITS OF SERVICE	EADEMULAIIDEG	AVERAGE COST				ST PER
·			EVEFUDIIOVE2	AVERAGE COST		USER		-
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	0.00	OR DAYS OF CARE	36,940.51	PER UNIT/DAY				
GALL OTHER PROVIDERS	202	1,576 \$	36,940.51	\$ 23.44		182.87	\$	
DURABLE MED. EQUIP.	/ 4	193	6,801.52	35.24 .00	.011	91.91		.38
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00 16,687.14	.00	.000	.00 388.07		.00
MEDICAL TRANSPORTATION	43	522	16,687.14	31.97	.029	388.07		.94
AMBULANCES/AIR TRANS	43	517	7,687.14	14.87	.029	178.77		.43
AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	5	5	9,000.00	1800.00	.000	1800.00		.51
ACUPUNCTURE	0	0	.00	.00	.000			.00
	0	0	0.0	0.0	.000	.00		.00
CENETIC DISEASE TESTING	0	0	0.0	00	.000	00		.00
TUMO MODEL NE NE AIDO MOOD	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL TUEDADICT	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL INERAPIST	0	0	1 475 00	1475 00	.000	.00 1475.00		
OPTICIAN	1	1	1,4/5.00	14/5.00	.000	14/5.00		.08
PHYSICAL THERAPIST	U	U	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	O	0	.00	.00	.000	.00 269.93		.00
PROSTHETIST/ORTHOTISTS	6	14	1,619.55	115.68	.001	269.93		.09
PROSTHETICS	3	5	866.62	173.32	.000	288.87		.05
ORTHOTICS	3	9	752.93	83.66	.001	250.98		.04
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	71	160	8,852.85	55.33	.009	124.69		.50
HOSPICE SERVICES	0	0	.00	.00	.000	124.69		.00
SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES	0	522 517 0 5 0 0 0 0 0 14 5 9 0 160 0 0 0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	- 0.0	. 0.0	.000	. 00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	0.0	0.0	000	0.0		.00
RESPIRATORY CARE PRACT.	0	0	0.0	00	000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	0.00	.000	.00		.00
ALL OTHER PROVIDERS	0	696	1,504.45	2.19	.000	188.06		.08
ALL OIDER PROVIDERS	8 216	686 6,476 \$	1,504.45 1,384,964.43	2.19 c 212.00	.039		Ċ	
GCUTTE CHITDREN SERVICES	210	0,4/0 9	1,304,904.43	2 ZIJ.00	.304 2	6411.87		
@XOVER EXCLUDING STATE HOSP**		U Ş	.00	\$.00	.000 \$.00	\$.00
0* TOTALS IN THESE LINES ARE								
THE AMOUNTS ARE ALREADY IN			ABOVE.					
** THESE DATA ARE INCLUDED I								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT R	REPORT FOR JAN 2	2004 THRU DEC	2004	PAG	E 17,625
MOP024	FEE-FOR-SERVICE	C/DENTAL						03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- PREGNANT A	AID CODES 44 48	49			
					MONT	THLY AVERA	GE	
18,500 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				ST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		IGIBLE
@TOTAL, ALL PROVIDERS	17,215	110,828 \$	10,605,747.68	\$ 95.70	5.991 \$			573.28
@PHYSICIANS SERVICES	6,299	22,560 \$	1,809,880.05	\$ 80.23	1.219 \$			97.83
	·	•	155,245.16	43.89	.191	94.09	Y	8.39
OUTPATIENT VISITS	1,650	3,537						
OFFICE VISITS	385	459	26,253.62	57.20	.025	68.19		1.42
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	422	466	29,013.73	62.26	.025	68.75		1.57

PREVENTIVE CARE	12	13	616.93	47.46	.001	51.41	.03
OB VISITS/COMPRE PERI	891	2,590	98,935.24	38.20	.140	111.04	5.35
OTHER OUTPATIENT	9	9	425.64	47.29	.000	47.29	.02
INPATIENT VISITS	1,553	3,874	269,969.40	69.69	.209	173.84	14.59
HOSPITAL VISITS	1,409	2,693	116,539.31	43.27	.146	82.71	6.30
CRITICAL CARE	165	1,181	153,430.09	129.92	.064	929.88	8.29
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	0	25.58CR	.00	.000	25.58CR	.00
EXAMINATIONS	1	0	25.58CR	.00	.000	25.58CR	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2,118	8,248	1,128,582.13	136.83	.446	532.85	61.00
PRINCIPAL SURGEON	1,378	1,497	932,055.67	622.62	.081	676.38	50.38
ASSISTANT SURGEON	164	164	30,448.15	185.66	.009	185.66	1.65
ANESTHESIOLOGIST	803	6 , 587	166,078.31	25.21	.356	206.82	8.98
OUTPATIENT SURGERY	315	605	46,448.46	76.77	.033	147.46	2.51
PRINCIPAL SURGEON	254	340	38,659.04	113.70	.018	152.20	2.09
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	113	265	7,789.42	29.39	.014	68.93	.42
DIALYSIS	2	6	388.10	64.68	.000	194.05	.02
PATHOLOGY	1,061	2,713	42,016.32	15.49	.147	39.60	2.27
RADIOLOGY	2,106	2,800	135,421.35	48.36	.151	64.30	7.32
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	59	112	1,235.74	11.03	.006	20.94	.07
OTHER SERVICES/ALL X-OVERS	478	665	30,598.97	46.01	.036	64.01	1.65
@PHARMACY	4 , 595	10,093	\$ 259,790.45 \$	25.74	.546 \$	56.54 \$	14.04
PRESCRIPTION DRUGS	4,433	9,243	218,606.48	23.65	.500	49.31	11.82
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	4,433	9,243	218,606.48	23.65	.500	49.31	11.82
MEDICAL SUPPLIES	309	850	41,183.97	48.45	.046	133.28	2.23
@DENTIST	21	71	\$ 1,785.75 \$	25.15	.004 \$	85.04 \$.10
VISITS - DIAGNOSTIC	17	51	351.75	6.90	.003	20.69	.02
ORAL SURGERY	4	11	1,020.00	92.73	.001	255.00	.06

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	3	6		364.00		60.67	.000		121.33		.02
PROSTHETICS	1	2		50.00		25.00	.000		50.00		.00
	1	2		.00					.00		
DENTURES, STAYPLATES	0	0				.00	.000				.00
SPACE MAINTAINERS	U	U		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	U	U		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	URES MON'	TH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 17,626
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRAM ·	- PREGNANT A	ID CO	DES 44 48	49				
				-			M	ТИС	HLY AVERA	GE	
18,500 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE.	RAGE COST	UNITS/DAY		COST PER		COST PER
10,000 1110111110	ODERS	OR DAYS OF CA		LXI LINDII ONLO		UNIT/DAY		0	USER		ELIGIBLE
A O DELOMETED T CE	0	OR DAIS OF CA.		0.0	Ś	.00	.000	ċ	.00		
@OPTOMETRIST	•		\$.00	Þ			Ş		Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	10	13	Ċ	735.92	ċ	56.61	.001	ċ	73.59	\$.04
-			ې ۵		\$			\$			
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	41	297	Ş	19,137.02	\$	64.43	.016	\$	466.76	\$	1.03
PEDIATRIC NURSE PRACTITIONER		18	Ş	925.51	Ş	51.42	.001	\$	57.84	\$.05
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8 , 862	50 , 687	\$	7,398,230.08	\$	145.96	2.740	\$		\$	399.90
HOSP INPATIENT TOTAL	1,815	5 , 378		5,935,853.74		1103.73	.291		3270.44		320.86
HSC HOSPITALS	1,797	5,288		5,844,228.23		1105.19	.286		3252.21		315.90
NON-HSC HOSPITAL TOTAL	16	90		89,222.77		991.36	.005		5576.42		4.82
ACCOMMODATIONS	16	90		36,332.28		403.69	.005		2270.77		1.96
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	16	90		36,332.28		403.69	.005		2270.77		1.96
ANCILLARIES	16	0		52,890.49		.00	.000		3305.66		2.86
	2	0									
INPATIENT CROSSOVERS				2,402.74		.00	.000		1201.37		.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7,882	45 , 309		1,462,376.34		32.28	2.449		185.53		79.05
MEDICAL	925	1,204		49,834.98		41.39	.065		53.88		2.69
SURGERY	580	752		28,627.82		38.07	.041		49.36		1.55
PATHOLOGY	3,220	9,145		90,226.46		9.87	.494		28.02		4.88
RADIOLOGY	1,285	1,467		137,417.71		93.67	.079		106.94		7.43
ROOM USE	5,822	10,383		377,075.92		36.32	.561		64.77		20.38
CROSSOVERS/ALL OTH OUTPTNT		22,358		779,193.45		34.85	1.209		135.21		42.12
@COUNTY HOSPITAL TOTAL	4,808	29,551	\$	3,657,226.61	\$	123.76	1.597	\$	760.65	Ś	197.69
CO HOSPITAL INPATIENT TOTAL	·	2,180		2,671,069.15		1225.26	.118	,	4147.62	т	144.38
HSC HOSPITALS	644	2,180		2,671,069.15		1225.26	.118		4147.62		144.38
1100 11001 1111110	OTI	2,100		2,0,1,000.10		1220.20	• 1 1 0		1111.02		111.00

NON HOO HOODIENIO EOENI	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	•							
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0 0 4 , 629	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL MEDICAL	4 , 629	27 , 371		986,157.46	36.03	1.480	213.04		53.31
MEDICAL	600	0 0 0 0 27,371 768 285		28,484.58	37.09	.042	47.47		1.54
SURGERY	205			28,484.58 12,370.04	.00 .00 36.03 37.09 43.40	.042 .015	47.47 60.34		.67
PATHOLOGY	1,776	4,258		44,768,40	10.51	.230	25.21 122.58		2.42
RADIOLOGY	605	680		74,158.13	109.06	.037	122.58		4.01
ROOM USE	3,960	7,446		274,308.67	36.84	.402	69.27		14.83
CROSSOVERS/ALL OTH OUTPINT					39.62	.753	157.33		29.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	EC 2004	F	AGE 17,627
MOP024	FEE-FOR-SERVICE	E/DENTAL							03/14/05
VENTURA COUNTY	SUMMARY OF SER	VICES FOR 185% P	ROGRAI	M - PREGNANT A	ID CODES 44 48	4 9			
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 18,500 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL							NTHLY AVERA	GE	
18,500 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR	E.		PER UNIT/DAY		USER		ELIGIBLE
@COMMINITY HOSPITAL TOTAL	4.287	21.136	Ś	3,741,003.47	\$ 177.00		\$ 872.64		
COMM HOSP INPATIENT TOTAL	1 172	3 198	т	3,264,784.59	1020 88	.173	2785.65	т	176.47
HSC HOSPITALS	1 154	3 108		3,173,159.08	1020.88 1020.96 991.36	.168	2749.70		171.52
MON-HSC HOSDITALS TOTAL	1,134	90		89,222.77	991 36	.005	5576.42		4.82
ACCOMMODATIONS	16	90		36,332.28	403.69	.005	2270.77		1.96
ACCOMMODALIONS	10	90		.00	.00	.000	.00		.00
ADMINISTRATIVE DATS	0	0		.00					.00
TRANSTITUNAL IF CARE	1.0	0		.00 36,332.28	403.69	.005	.00 2270.77		1.96
ALL OTHER ACCOM	10	90		30,332.28	403.69	.005			
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	16	0		52,890.49	.00	.000	3305.66		2.86
INPATIENT CROSSOVERS	2	U		2,402.74	.00	.000	1201.37		.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
	3,450	17,938		476,218.88	26.55	.970	138.03		25.74
MEDICAL	550	430		21,330.40	48.97	.024	64.70		1.15
SURGERY	376	467		16 , 257.78	.00 403.69 .00 .00 .00 26.55 48.97 34.81 9.30 80.38 34.99 26.96	.025	138.03 64.70 43.24 30.74 92.35		.88
PATHOLOGY	1,479	4,887		45,458.06	9.30	.264	30.74		2.46
RADIOLOGY	685	787		63,259.58	80.38	.043	92.35		3.42
ROOM USE CROSSOVERS/ALL OTH OUTPINT	1,921	2,937 8,424		102,767.25	34.99	.159	33.30		5.55
CROSSOVERS/ALL OTH OUTPTNT				227,125.81	26.96	.455	99.05		12.28
@STATE HOSPITAL	3	71	\$	44,562.82	7 027.03	.004	\$ 14854.27	\$	2.41
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	3	71		44,562.82	627.65	.004	14854.27		2.41
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		\$.00
TOF DOH	0	0		0.0	00	000	00		0.0

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	0	0 0 0 15,241 15,170	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0 0 0 15,241 15,170 71 7,731 2,035 53 0 5,643 ES AND EXPENDITUR		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4,862	15,241	\$	250,402.65	\$	16.43	.824	\$	51.50	\$	13.54
PATHOLOGY	4,819	15,170		246,286.84		16.24	.820		51.11		13.31
XO AND OTHERS	72	71		4,115.81		57.97	.004		57.16		.22
@ORGANIZED OUTPATIENT CLINIC	2 , 878	7,731	\$	693,493.46	\$	89.70	.418	\$	240.96	\$	37.49
CLINIC	743	2,035		91,415.97		44.92	.110		123.04		4.94
SURGICENTER	53	53		2,269.26		42.82	.003		42.82		.12
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	2,213	5,643		599,808.23		106.29	.305		271.04		32.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	ES AND EXPENDITUR	ES MON'	TH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 17,628
MOP024	FEE-FOR-SERVICE										03/14/05
MOP024 VENTURA COUNTY 18,500 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN	SUMMARY OF SERV	ICES FOR 185% PR	OGRAM ·	- PREGNANT A	ID C	DES 44 48	49				
								INOM	HLY AVERA	GE -	
18,500 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE 3,941		EXPENDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER	С	OST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELI	G	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	1,151	3,941	\$	124,752.72	\$	31.66	.213	\$	108.39	\$	6.74
DURABLE MED. EQUIP.	42	421		2,983.18		7.09	.023		71.03		.16
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	80	1,071		13,844.65		12.93	.058		.00 173.06 150.56		.75
AMBULANCES/AIR TRANS	80	1,070		12,044.65		11.26	.058		150.56		.65
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		1,800.00		1800.00	.000		1800.00		.10
ACUPUNCTURE	0	0		.00		.00	.000		.00 .00 .00 105.12 .00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	936	938		98,394.00		104.90	.051		105.12		5.32
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00 .00 .00 94.96		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	91	107		8,641.16		80.76	.006		94.96		. 47
PROSTHETICS	89	104		8,470.07		81.44	.006		95.17		. 46
ORTHOTICS	3	3		171.09		57.03	.000		57.03		.01
PSYCHOLOGIST	0	0		.00		.00	.000		95.17 57.03 .00 30.00		.00
SPEECH AND AUDIOLOGY	4	4		120.00		30.00	.000		30.00		.01
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	1	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00 .00 128.29		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	6	1,400		769.73		.55	.076		128.29		.04
@CALIF. CHILDREN SERVICES*	54	1,504	\$	495,542.76	\$	329.48	.081	\$	9176.72	\$	
@XOVER EXCLUDING STATE HOSP**	13	50	\$	2,749.57	\$	54.99	.003		211.51		
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	RATE INFORMATION I	TEM ON	LY;							
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE A	PROPRIATE DETAIL	LINES A	ABOVE.							
** THESE DATA ARE INCLUDED I											
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR		TH-OF-PAYMENT R	EPOR1	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 17,629
MOP024	FEE-FOR-SERVICE										03/14/05
VENTURA COUNTY		ICES FOR 60-DAY	POST P	ARTUM PROGRAM		AID CODE	76				
								MONT	HLY AVERA	GE -	
109 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		CRAGE COST			COST PER		OST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	71	262	\$	13,217.52	\$	50.45	2.404	\$	186.16	Ċ	121.26
@PHYSICIANS SERVICES	18	58	\$	2,045.24	\$	35.26	.532		113.62		18.76
OUTPATIENT VISITS	10	11	Y	529.79	٧	48.16	.101		52.98	Y	4.86
OFFICE VISITS	3	3		99.00		33.00	.028		33.00		.91
HOME VISITS	0	0		.00		.00	.020		.00		.00
	4	5				70.70			88.37		
EMERGENCY ROOM	4	5		353.49			.046				3.24
PREVENTIVE CARE	U	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	3	3		77.30		25.77	.028		25.77		.71
OTHER OUTPATIENT	U	Ü		.00		.00	.000		.00		.00
INPATIENT VISITS	2	5		164.30		32.86	.046		82.15		1.51
HOSPITAL VISITS	2	5		164.30		32.86	.046		82.15		1.51
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	8		606.42		75.80	.073		303.21		5.56
PRINCIPAL SURGEON	2	3		490.42		163.47	.028		245.21		4.50
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	5		116.00		23.20	.046		116.00		1.06
OUTPATIENT SURGERY	2	4		157.14		39.29	.037		78.57		1.44
PRINCIPAL SURGEON	2	2		116.26		58.13	.018		58.13		1.07
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	2		40.88		20.44	.018		40.88		.38
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	11		30.52		2.77	.101		10.17		.28
RADIOLOGY	6	8		460.52		57.57	.073		76.75		4.22
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	4		28.06		7.02	.037		28.06		.26
OTHER SERVICES/ALL X-OVERS	2	7		68.49		9.78	.064		34.25		.63
@PHARMACY	11	15	\$	1,132.65	\$	75.51	.138		102.97	Ċ	10.39
PRESCRIPTION DRUGS	11	15	۲	1,132.65	Ą	75.51	.138		102.97	۲	10.39
	0	0		•		.00	.000				
SNF/ICF	11	15		.00					.00		.00
OUTPATIENTS				1,132.65		75.51	.138		102.97		10.39
MEDICAL SUPPLIES	0	0	<u>^</u>	.00	<u>^</u>	.00	.000		.00	<u>^</u>	.00
@DENTIST	1	3	\$.00	\$.00	.028		.00	Ş	.00
VISITS - DIAGNOSTIC	1	3		.00		.00	.028		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	S MO	ONTH-OF-PAYMENT RE	EPORI	FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 17,630
MOP024	FEE-FOR-SERVICE/										03/14/05
VENTURA COUNTY	SUMMARY OF SERVI	CES FOR 60-DAY F	POST	PARTUM PROGRAM		AID CODE	76				
								TNOM	HLY AVERA	GE -	
109 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER	(COST PER
		OR DAYS OF CARE			PEF	UNIT/DAY	PER ELI	G	USER		ELIGIBLE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	37	153	\$ 8,933.34	\$ 58.39	1.404	\$ 241.44	\$ 81.96
HOSP INPATIENT TOTAL	2	4	4,580.02	1145.01	.037	2290.01	42.02
HSC HOSPITALS	2	4	4,580.02	1145.01	.037	2290.01	42.02
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	35	149	4,353.32	29.22	1.367	124.38	39.94
MEDICAL	16	27	946.98	35.07	.248	59.19	8.69
SURGERY	1	1	37.10	37.10	.009	37.10	.34
PATHOLOGY	19	56	587.87	10.50	.514	30.94	5.39

RADIOLOGY	6	8	742.32	92.79	.073	123.72	6.81
ROOM USE	25	38	1,273.36	33.51	.349	50.93	11.68
CROSSOVERS/ALL OTH OUTPINT	14	19	765.69	40.30	.174	54.69	7.02
@COUNTY HOSPITAL TOTAL	25	89 \$	7,183.19	\$ 80.71	.817 \$	287.33	\$ 65.90
CO HOSPITAL INPATIENT TOTAL	2	4	4,580.02	1145.01	.037	2290.01	42.02
HSC HOSPITALS	2	4	4,580.02	1145.01	.037	2290.01	42.02
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	23	85	2,603.17	30.63	.780	113.18	23.88
MEDICAL	10	17	576.95	33.94	.156	57.70	5.29
SURGERY	1	1	37.10	37.10	.009	37.10	.34
PATHOLOGY	14	26	319.19	12.28	.239	22.80	2.93
RADIOLOGY	3	4	236.19	59.05	.037	78.73	2.17
ROOM USE	20	29	963.80	33.23	.266	48.19	8.84
CROSSOVERS/ALL OTH OUTPINT		8	469.94	58.74	.073	58.74	4.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT REF	PORT FOR JAN 2	004 THRU DE	C 2004	PAGE 17,631
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	60-DAY PO	OST PARTUM PROGRAM	AID CODE			
				•	MON'	THLY AVERA	GE

							M	ONT.	HLY AVERAG	<u>- 145</u>	
109 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE	3		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	64	\$	1,750.15	\$	27.35	.587	\$	125.01	\$	16.06
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14	64		1,750.15		27.35	.587		125.01		16.06
MEDICAL	7	10		370.03		37.00	.092		52.86		3.39
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	30		268.68		8.96	.275		38.38		2.46
RADIOLOGY	3	4		506.13		126.53	.037		168.71		4.64
ROOM USE	6	9		309.56		34.40	.083		51.59		2.84
CROSSOVERS/ALL OTH OUTPINT	6	11		295.75		26.89	.101		49.29		2.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	Ô	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ġ	.00		.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0	0	۲	.00		.00	.000	Y	.00	٧	.00
	0	0									
HEMODIALYSIS CENTER	U	Ū		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	Ş	.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	19	29	\$	828.15	\$	28.56	.266	\$	43.59	\$	7.60
PATHOLOGY	19	29		828.15		28.56	.266		43.59		7.60
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	4	\$	278.14	\$	69.54	.037	\$	92.71	\$	2.55
CLINIC	1	2		69.26		34.63	.018		69.26		.64
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	2		208.88		104.44	.018		104.44		1.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU:	RES MO	NTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 17,632
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST	PARTUM PROGRAM		AID CODE	76				
							N	ONTE	HLY AVERA	GE ·	

					MON'I	THLY AVERAGE	
109 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,633 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

VENTURA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

					MO	NTHLY AVERA	.GE	
36,403 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR		PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	26,548	148,845	\$ 13,642,227.46	\$ 91.65	4.089	•		374.76
@PHYSICIANS SERVICES	9,377	31,325	\$ 2,371,161.30	\$ 75.70	.861		Ş	65.14
OUTPATIENT VISITS	4,099	6,909	275,841.81	39.92	.190	67.29		7.58
OFFICE VISITS	2,225	3,000	110,056.49	36.69	.082	49.46		3.02
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	967	1,056	57,329.79	54.29	.029	59.29		1.57
PREVENTIVE CARE	181	192	7,078.10	36.87	.005	39.11		.19
OB VISITS/COMPRE PERI	894	2,593	99,012.54	38.18	.071	110.75		2.72
OTHER OUTPATIENT	65	68	2,364.89	34.78	.002	36.38		.06
INPATIENT VISITS	1,799	5,604	471,977.62	84.22	.154	262.36		12.97
HOSPITAL VISITS	1,610	3,328	151,417.75	45.50	.091	94.05		4.16
CRITICAL CARE	239	2,268	320,222.07	141.19	.062	1339.84		8.80
SNF/ICF/TRANS IP CARE	3	8	337.80	42.23	.000	112.60		.01
OPHTHALMOLOGICAL SERVICES	10	9	415.88	46.21	.000	41.59		.01
EXAMINATIONS	10	9	415.88	46.21	.000	41.59		.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2,178	8 , 697	1,172,552.62	134.82	.239	538.36		32.21
PRINCIPAL SURGEON	1,417	1 , 554	961,902.51	618.98	.043	678.83		26.42
ASSISTANT SURGEON	168	168	32,216.61	191.77	.005	191.77		.88
ANESTHESIOLOGIST	831	6 , 975	178,433.50	25.58	.192	214.72		4.90
OUTPATIENT SURGERY	362	705	53,130.32	75.36	.019	146.77		1.46
PRINCIPAL SURGEON	295	386	43,964.77	113.90	.011	149.03		1.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	121	319	9,165.55	28.73	.009	75.75		.25
DIALYSIS	7	25	2,260.51	90.42	.001	322.93		.06
PATHOLOGY	1,281	3 , 812	46,599.30	12.22	.105	36.38		1.28
RADIOLOGY	2,535	3 , 705	148,678.08	40.13	.102	58.65		4.08
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	250	627	136,592.30	217.85	.017	546.37		3.75
OTHER SERVICES/ALL X-OVERS	698	1,232	63,112.86	51.23	.034	90.42		1.73
@PHARMACY	9,524	21,464	\$ 533,161.51	\$ 24.84	.590	\$ 55.98	\$	14.65
PRESCRIPTION DRUGS	9,310	19 , 871	455,036.90	22.90	.546	48.88		12.50
SNF/ICF	4	20	1,016.29	50.81	.001	254.07		.03
OUTPATIENTS	9,306	19,851	454,020.61	22.87	.545	48.79		12.47
MEDICAL SUPPLIES	440	1,593	78,124.61	49.04	.044	177.56		2.15
@DENTIST	28	87	\$ 2,033.75	\$ 23.38	.002	\$ 72.63	\$.06
VISITS - DIAGNOSTIC	24	67	599.75	8.95	.002	24.99		.02
ORAL SURGERY	4	11	1,020.00	92.73	.000	255.00		.03
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	3	6	364.00	60.67	.000	121.33		.01
PROSTHETICS	1	2	50.00	25.00	.000	50.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	1	1	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00

03/14/05

----- MONTHLY AVERAGE -----

VENTURA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

26 402 51 16151 56						INLI AVERAGE	
36,403 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	6	6 \$	240.65	\$ 40.11	.000 \$	40.11 \$	
DIAGNOSTIC AND ANC. PROCED	5	5	229.24	45.85	.000	45.85	.01
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0 1	1	11.41	11.41	.000	11.41	.00
@CHIROPRACTOR	2	9 \$	150.48	\$ 16.72	.000 \$	75.24 \$.00
VISITS	2	9	150.48	16.72	.000	75.24	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	7 \$	255.72	\$ 36.53	.000 \$	85.24 \$.01
MEDICINE/INJECTIONS	3	7	255.72	36.53	.000	85.24	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	Ö	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	22	37 \$	2,085.26	\$ 56.36	.001 \$	94.78 \$	
NURSE ANESTHESIST	22	0 \$.00	\$.00	.000 \$.00 \$	
NURSE MIDWIFE	41	297 \$	19,137.02	\$ 64.43	.008 \$	466.76 \$	
PEDIATRIC NURSE PRACTITIONER		18 \$	925.51	\$ 51.42	.000 \$	57.84 \$	
	16 0	0 \$		\$.00	.000 \$		
FAMILY NURSE PRACTITIONER			.00	\$ 146.39	·	.00 \$	
@TOTAL HOSPITAL	12,516	63,582 \$			1.747 \$	743.65 \$	
HOSP INPATIENT TOTAL	1,943	6,472	7,480,848.87	1155.88	.178	3850.15	205.50
HSC HOSPITALS	1,920	6,368	7,364,700.00	1156.52	.175	3835.78	202.31
NON-HSC HOSPITAL TOTAL	21	104	113,746.13	1093.71	.003	5416.48	3.12
ACCOMMODATIONS	21	104	46,545.00	447.55	.003	2216.43	1.28
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	104	46,545.00	447.55	.003	2216.43	1.28
ANCILLARIES	21	0	67,201.13	.00	.000	3200.05	1.85
INPATIENT CROSSOVERS	2	0	2,402.74	.00	.000	1201.37	.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11,463	57,110	1,826,683.02	31.99	1.569	159.35	50.18
MEDICAL	3,862	5,601	198,073.28	35.36	.154	51.29	5.44
SURGERY	637	815	32,214.60	39.53	.022	50.57	.88
PATHOLOGY	3,724	10,686	104,521.85	9.78	.294	28.07	2.87
RADIOLOGY	1,717	1,983	159,154.25	80.26	.054	92.69	4.37
ROOM USE	9 , 091	14,999	541,345.33	36.09	.412	59.55	14.87
CROSSOVERS/ALL OTH OUTPTNT	6,231	23,026	791,373.71	34.37	.633	127.01	21.74
@COUNTY HOSPITAL TOTAL	7,030	36,528 \$	4,284,869.53	\$ 117.30	1.003 \$		
CO HOSPITAL INPATIENT TOTAL	695	2,454	3,072,399.17	1252.00	.067	4420.72	84.40
HSC HOSPITALS	695	2,454	3,072,399.17	1252.00	.067	4420.72	84.40
NON-HSC HOSPITALS TOTAL	0	2,131	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0			.000		
ANCILLARIES	0	0	.00	.00		.00	.00
INPATIENT CROSSOVERS	•		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	6,825	34,074	1,212,470.36	35.58	.936	177.65	33.31
MEDICAL	2,623	3,672	128,640.84	35.03	.101	49.04	3.53
SURGERY	225	308	14,536.10	47.20	.008	64.60	.40
PATHOLOGY	1,985	4,726	48,994.90	10.37	.130	24.68	1.35

RADIOLOGY	784	901	85,579.89	94.98	.025	109.16	2.35
ROOM USE	6,023	10,327	378,889.13	36.69	.284	62.91	10.41
CROSSOVERS/ALL OTH OUTPINT	3 , 670	14,140	555,829.50	39.31	.388	151.45	15.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DEC	2004	PAGE 17,635
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES F	OR 185% AND	60-DAY PP TOTAL, CODES 4	4 47 48 49 69	76		

						MC	ONTHLY AVERA	AGE	
36,403 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,885	27,054	\$ 5,022,662.36	\$	185.65	.743	\$ 853.47	\$	137.97
COMM HOSP INPATIENT TOTAL	1,250	4,018	4,408,449.70		1097.18	.110	3526.76		121.10
HSC HOSPITALS	1,227	3,914	4,292,300.83		1096.65	.108	3498.21		117.91
NON-HSC HOSPITALS TOTAL	21	104	113,746.13		1093.71	.003	5416.48		3.12
ACCOMMODATIONS	21	104	46,545.00		447.55	.003	2216.43		1.28
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	21	104	46,545.00		447.55	.003	2216.43		1.28
ANCILLARIES	21	0	67,201.13		.00	.000	3200.05		1.85
INPATIENT CROSSOVERS	2	0	2,402.74		.00	.000	1201.37		.07
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4,995	23,036	614,212.66		26.66	.633	122.97		16.87
MEDICAL	1,321	1,929	69,432.44		35.99	.053	52.56		1.91
SURGERY	413	507	17,678.50		34.87	.014	42.81		.49
PATHOLOGY	1,785	5 , 960	55 , 526.95		9.32	.164	31.11		1.53
RADIOLOGY	943	1,082	73 , 574.36		68.00	.030	78.02		2.02
ROOM USE	3,242	4,672	162,456.20		34.77	.128	50.11		4.46
CROSSOVERS/ALL OTH OUTPINI	2,606	8,886	235,544.21		26.51	.244	90.39		6.47
@STATE HOSPITAL	3	71	\$ 44,562.82	\$	627.65	.002	\$ 14854.27	\$	1.22
MENTALLY ILL	0	0	.00		.00	.000	.00		.00
DEVELOP. DISABLED	3	71	44,562.82		627.65	.002	14854.27		1.22
@NURSING FACILITY	1	36	\$ 24,230.88	\$	673.08	.001	\$ 24230.88	\$.67
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	1	36		24,230.88		673.08	.001	2	24230.88		.67
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	106	\$	3,888.31	\$	36.68	.003	\$	1944.16	\$.11
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	106		3,888.31		36.68	.003		1944.16		.11
@REHABILITATION FACILITY	2.7	95	\$	2,030.49	\$	21.37	.003	\$	75.20	\$.06
HOSPITAL BASED	26	83		1,890.85		22.78	.002		72.73		.05
INDEPENDENT FACILITY	1	12		139.64		11.64	.000		139.64		.00
@LABORATORY FACILITY	5 , 472	16 , 427	\$	261 , 873.15	\$	15.94	.451	\$	47.86	\$	7.19
PATHOLOGY	5 , 429	16 , 356		257,757.34		15.76	.449		47.48		7.08
XO AND OTHERS	72	71		4,115.81		57.97	.002		57.16		.11
@ORGANIZED OUTPATIENT CLINIC	4,314	9,761	\$	907,265.49	\$	92.95	.268	\$	210.31	\$	24.92
CLINIC	790	2 , 087		93,486.82		44.79	.057		118.34		2.57
SURGICENTER	53	53		2,269.26		42.82	.001		42.82		.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,611	7,621		811,509.41		106.48	.209		224.73		22.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	004 THRU	DEC	2004	P.	AGE 17,636
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	S FOR 185% A	ND 60-	-DAY PP TOTAL, CO	DES 4	4 47 48 49	69 76				
										~-	

VENTURA COUNTY	SUMMARY OF SER	VICES FOR 185% AN	-טא עו	DAY PP TOTAL, COI	JES 44 4/ 48 45	0 09 /0		
						MC	ONTHLY AVERA	GE
36,403 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,353	5 , 517	\$	161,693.23	\$ 29.31	.152		
DURABLE MED. EQUIP.	116	614		9,784.70	15.94	.017	84.35	.27
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	123	1,593		30 , 531.79	19.17	.044	248.23	.84
AMBULANCES/AIR TRANS	123	1 , 587		19 , 731.79	12.43	.044	160.42	.54
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	6	6		10,800.00	1800.00	.000	1800.00	.30
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	936	938		98 , 394.00	104.90	.026	105.12	2.70
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	1		1,475.00	1475.00	.000	1475.00	.04
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	97	121		10,260.71	84.80	.003	105.78	.28
PROSTHETICS	92	109		9,336.69	85.66	.003	101.49	.26
ORTHOTICS	6	12		924.02	77.00	.000	154.00	.03
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	75	164		8,972.85	54.71	.005	119.64	.25
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	14	2,086	2,274.18	1.09	.057	162.44	.06
@CALIF. CHILDREN SERVICES*	270	7,980	\$ 1,880,507.19	\$ 235.65	.219	\$ 6964.84	\$ 51.66
@XOVER EXCLUDING STATE HOSP**	13	50	\$ 2,749.57	\$ 54.99	.001	\$ 211.51	\$.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,637 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 4,020 ELIGIBLES USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 3,420 65,823 \$ 1,794,297.82 \$ 27.26 16.374 \$ 524.65 \$ 446.34 @PHYSICIANS SERVICES 541 1,883 33,938.27 \$ 18.02 .468 \$ 62.73 \$ 8.44 .00 OUTPATIENT VISITS .00 .00 .000 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 HOME VISITS .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .00 PREVENTIVE CARE .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 OTHER OUTPATIENT .000 .00 . 00 27.50 27.50 27.50 INPATIENT VISITS .000 .01 .00 HOSPITAL VISITS .00 .000 .00 .00 .00 .00 .00 CRITICAL CARE .000 .00 SNF/ICF/TRANS IP CARE 27.50 27.50 .000 27.50 .01 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .00 .000 .00 .00 .000 .00 EXAMINATIONS . 00 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 PRINCIPAL SURGEON .00 .000 . 00 .00 .00 .00 .000 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .00 .000 .00 .00 .00 .00 DIALYSIS .000 .00 12.25 1.53 .002 12.25 .00 PATHOLOGY 12.99 12.99 12.99 .000 . 00 RADIOLOGY 0 0 1,871 .00 .00 .00 .000 .00 PSYCHIATRY 0 .00 .000 .00 .00 .00 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS 537 33,885.53 18.11 .465 63.10 8.43 3,008 @PHARMACY 28,030 1,084,705.70 \$ 38.70 6.973 \$ 360.61 \$ 269.83 2,968 12,494 84.33 3.108 355.01 262.11 PRESCRIPTION DRUGS 1,053,664.10 SNF/ICF 59 480 24,149.21 50.31 .119 409.31 6.01 2,914 353.30 12,014 1,029,514.89 85.69 2.989 256.10 OUTPATIENTS MEDICAL SUPPLIES 366 15,536 31,041.60 2.00 3.865 84.81 203 768 34,279.33 \$.191 \$ 168.86 \$ @DENTIST 44.63 8.53 117 459 5,590.05 12.18 .114 47.78 VISITS - DIAGNOSTIC 1.39 61.69 .00 100.00 61.69 .024 176.00 1.49 ORAL SURGERY 5,984.00 0 0 .000 .00 .00 DRUGS .00 1 100.00 100.00 .000 .02 ANESTHESTA 2,242.00 .005 118.00 118.00 PERIODONTICS 7 7 1,425.00 203.57 .002 203.57 ENDODONTICS .35 50.75 89 4,517.00 .022 122.08 RESTORATIVE DENTISTRY 1.12 Ο .00 .000 PROSTHETICS . 0.0 . 00 .00

DENTURES, STAYPLATES	45	94	14,421.28	153.42	.023	320.47	3.59
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	2	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE 17,638
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES F	OR TITLE II	DISREGARD - AGED	AID CODE	16		

VENTURA COUNTY	SUMMARY OF SERV	VICES FOR TITLE :	II DIS	SREGARD - AGED		AID CODE	16				
							M	ONT	HLY AVERA	GE.	
4,020 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	2		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	94	258	\$	4,830.14	\$	18.72	.064	\$	51.38	\$	1.20
DIAGNOSTIC AND ANC. PROCED	17	17		774.90		45.58	.004		45.58		.19
EYE APPLIANCES	78	212		3,682.28		17.37	.053		47.21		.92
OTHER OPTOMETRIC SERVICES	14	29		372.96		12.86	.007		26.64		.09
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$		\$.00
VISITS	0	0		.00	·	.00	.000	•	.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	78	151	\$	1,328.66	\$	8.80	.038	\$	17.03	\$.33
MEDICINE/INJECTIONS	0	0		.00	·	.00	.000	•	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	78	151		1,328.66		8.80	.038		17.03		.33
@HOME HEALTH AGENCY	2	17	\$	1,235.20	\$	72.66	.004	Ś	617.60	Ś	.31
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	Ö	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	Ō	0	Ś	.00	Ś	.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	432	1,553	Š	44,580.70	\$	28.71	.386		103.20	\$	11.09
HOSP INPATIENT TOTAL	24	0	Ψ	18,742.32	т	.00	.000	т	780.93	т	4.66
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	Ō	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2.4	0		18,742.32		.00	.000		780.93		4.66
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	415	1,553		25,838.38		16.64	.386		62.26		6.43
MEDICAL	1	1		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	5		.00		.00	.001		.00		.00
RADIOLOGY	1	2		.00		.00	.000		.00		.00
ROOM USE	2	3		141.45		47.15	.001		70.73		.04
CROSSOVERS/ALL OTH OUTPTNT		1,542		25,696.93		16.66	.384		62.07		6.39
@COUNTY HOSPITAL TOTAL	241	775	\$	12,255.18	\$	15.81	.193	Ś	50.85	Ś	3.05
CO HOSPITAL INPATIENT TOTAL		0	Ψ	3,432.00	т	.00	.000	т	858.00	т	.85
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
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INPATIENT CROSSOVERS	4	0		3,432.00		.00	.000	858.00		.85
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	241	775		8,823.18		11.38	.193	36.61		2.19
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	241	775		8,823.18		11.38	.193	36.61		2.19
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MO		EPORT				P	AGE 17,639
MOP024	FEE-FOR-SERVICE			311111 01 11111111111111111111111111111	DI OIKI	1010 01110 2	2001 111110 1	2001		03/14/05
VENTURA COUNTY		ICES FOR TITLE I	I DIS	SREGARD - AGED		AID CODE	16			00, 11, 00
								NTHLY AVERA	GE ·	
4,020 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
,		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	198	778	\$	32,325.52	\$	41.55	.194	\$ 163.26	\$	8.04
COMM HOSP INPATIENT TOTAL	20	0		15,310.32		.00	.000	765.52		3.81
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	20	0		15,310.32		.00	.000	765.52		3.81
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	181	778		17,015.20		21.87	.194	94.01		4.23
MEDICAL	1	1		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	1	5		.00		.00	.001	.00		.00
RADIOLOGY	1	2		.00		.00	.000	.00		.00
ROOM USE	2	3		141.45		47.15	.001	70.73		.04
CROSSOVERS/ALL OTH OUTPTNT	180	767		16,873.75		22.00	.191	93.74		4.20
@STATE HOSPITAL	1	31	\$	16,092.41	\$	519.11		\$ 16092.41	\$	4.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	1	31		16,092.41		519.11	.008	16092.41		4.00
@NURSING FACILITY	79	1,619	\$	237,001.06	\$	146.39		\$ 3000.01	\$	58.96
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER @REHABILITATION FACILITY

INDEPENDENT FACILITY @LABORATORY FACILITY

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER	54 16 6	84 21 10	\$	4,212.45 804.77	\$	50.15 38.32	.021 \$	50.30	\$	1.05
	0	0		1,044.21		104.42	.002	174.04		.26
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	32	53		.00 2,363.47		44.59	.000	73.86		.00 .59
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	EC M	•					т	PAGE 17,640
MOP024	FEE-FOR-SERVICE		ES M	IONIH-OF-PAIMENI R	KEPURI	FOR JAN 2	ZUU4 IRKU DE	L 2004	1	03/14/05
VENTURA COUNTY		I/DENIAL ICES FOR TITLE I	т пт	SBECABD - ACED		AID CODE	1.6			03/14/03
VENTORA COUNTI	SUMMARI OF SERV	TCES FOR TITLE I.	ד עד	SKEGARD - AGED		AID CODE	MON	מסשוא אוויים	CF	
4,020 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17/17	7705 0000	UNITS/DAYS	COST PER	иGE	COST PER
4,020 EDIGIBLES	ONLICO	OR DAYS OF CARE		EXFENDITORES		UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	773	31,301	\$	308,921.31	\$	9.87	7.786 \$		Ś	
DURABLE MED. EQUIP.	23	40	т	7,280.17	,	182.00	.010	316.53	-	1.81
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	6	11		1,563.83		142.17	.003	260.64		.39
MEDICAL TRANSPORTATION	32	5,205		13,630.40		2.62	1.295	425.95		3.39
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	15	5,081		13,227.05		2.60	1.264	881.80		3.29
OTHER SERVICES	17	124		403.35		3.25	.031	23.73		.10
ACUPUNCTURE	1	2		43.25		21.63	.000	43.25		.01
ADULT DAY HEALTH CARE CTR	251	2,950		203,781.77		69.08	.734	811.88		50.69
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	98	834		52,885.71		63.41	.207	539.65		13.16
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	83	183		2,332.31		12.74	.046	28.10		.58
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	2	2		.56		.28	.000	.28		.00
PROSTHETIST/ORTHOTISTS	7	9		503.10		55.90	.002	71.87		.13
PROSTHETICS	3	4		333.44		83.36	.001	111.15		.08
ORTHOTICS	4	5		169.66		33.93	.001	42.42		.04
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	35	93		5,582.05		60.02	.023	159.49		1.39

HOSPICE SERVICES	2	43	5,014.93	116.63	.011	4	2507.47	1.25
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	352	21,929	16,303.23	.74	5.455		46.32	4.06
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,252	5,722	\$ 170,145.19	\$ 29.74	1.423	\$	135.90	\$ 42.32

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,641
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

VENTURA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND											
							MO	TNC	HLY AVERA	.GE		
41 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER	
		OR DAYS OF CAR	₹.		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE	
@TOTAL, ALL PROVIDERS	35	14,085	\$	27 , 266.61	\$	1.94	343.537	\$	779.05	\$	665.04	
@PHYSICIANS SERVICES	4	4	\$	125.23	\$	31.31		\$	31.31	\$	3.05	
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00	
OFFICE VISITS	0	0		.00		.00	.000		.00		.00	
HOME VISITS	0	0		.00		.00	.000		.00		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00	
DIALYSIS	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	0	0		.00		.00	.000		.00		.00	
RADIOLOGY	0	0		.00		.00	.000		.00		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00	
OTHER SERVICES/ALL X-OVERS	4	4		125.23		31.31	.098		31.31		3.05	
@PHARMACY	33	208	\$		\$	117.70	5.073	\$	741.90	\$	597.14	
PRESCRIPTION DRUGS	32	204		24,282.55		119.03	4.976		758.83		592.26	
SNF/ICF	1	2		238.49		119.25	.049		238.49		5.82	
OUTPATIENTS	32	202		24,044.06		119.03	4.927		751.38		586.44	
MEDICAL SUPPLIES	3	4		200.02		50.01	.098		66.67		4.88	
@DENTIST	1	5	\$	59.00	\$	11.80	.122	\$	59.00	\$	1.44	
VISITS - DIAGNOSTIC	1	5		59.00		11.80	.122		59.00		1.44	
ORAL SURGERY	0	0		.00		.00	.000		.00		.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0	0									
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	U	U		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	Ü	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES 1	MONTH-OF-PAYMENT RE	EPORI	FOR JAN	2004 THRU	DEC	2004	P.	AGE 17,642
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
VENTURA COUNTY			TT D	ISREGARD - BLIND	АТГ	CODES 26	6A				,,
V21(10101 0001(11	5011111111 01 5211	1020 1011 11122		TOTAL CITAL DELIVE		. 00220 20	M	ידות	HIY AVERA	GE.	
41 ELIGIBLES	USERS	UNITS OF SERVIC	יםי	EXPENDITURES	7/1/2	DACE COCT	UNITS/DAY				COST PER
41 511619153	USERS			EVERNOTIONES				ٔ د			
0		OR DAYS OF CAP		017 06			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	4	\$	817.96	\$	204.49	.098	Ş	272.65	Ş	19.95
DIAGNOSTIC AND ANC. PROCED	1	1		75.11		75.11	.024		75.11		1.83
EYE APPLIANCES	3	3		742.85		247.62	.073		247.62		18.12
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	Ś	1.34	\$	1.34	.024	Ś	1.34	\$.03
MEDICINE/INJECTIONS	0	0	τ	.00	τ	.00	.000	Ψ.	.00	Τ.	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0									
RADIO./PATHOLOGY	U			.00		.00	.000		.00		.00
OTHER	1	1		1.34		1.34	.024		1.34		.03
@HOME HEALTH AGENCY	0	0	Ş	.00	Ş	.00	.000		.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	8	\$	42.97	\$	5.37	.195	\$	42.97	\$	1.05
HOSP INPATIENT TOTAL	0	0	•	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
	0	-									.00
TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	O	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	8		42.97		5.37	.195		42.97		1.05
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ROOM USE	•	•									
CROSSOVERS/ALL OTH OUTPTNT		8	_	42.97	<u>~</u>	5.37	.195	<u>~</u>	42.97	~	1.05
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	•					PAGE 17,643
MOP024			JNIH-OF-PAIMENI RE	LPURI FUR JAN 2	.004 IRRO DEC	2004	•
VENTURA COUNTY	FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FO		CDECADD DIIND	AID CODES 26	67		03/14/05
VENTURA COUNTY	SUMMARI OF SERVICES FO	K IIILE II DI.	SKEGARD - BLIND	AID CODES 20	MONT	III V ATTEDAC	SF
41 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
41 ELIGIBLES			EXPENDITORES		PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	OR DA	YS OF CARE 8 \$	42.97	PER UNIT/DAY \$ 5.37	.195 \$	42.97	-
COMM HOSP INPATIENT TOTAL	0	0 7 0	.00	.00	.195 \$.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANCILLARIES INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00 42.97	.00 5.37	.195	42.97	1.05
MEDICAL	1	δ	.00	.00	.195	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	8	42.97	5.37		42.97	1.05
CROSSOVERS/ALL OTH OUTPTNT	1	0 \$.00	\$.00	.195 .000 \$		\$.00
@STATE HOSPITAL	0	0 5			•	.00	
MENTALLY ILL	0	•	.00	.00	.000		.00
DEVELOP. DISABLED	0	0 0 \$.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$ 0	.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	U	0	.00	.00	.000	.00	.00

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

### SHERIFICATION RECLITY ### O												
THISPENDENT FACILITY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PARTICIDATY 0	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
PATROLOCY	INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
PATROLOCY	@LABORATORY FACILITY	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
XO AND OTHERS O						'						
## OPERAITENT CLINIC SURGE(SENTER) FREGNIN DEFOX CLINIC O		0										
CLINIC		0		<u>^</u>		^			<u> </u>		<u> </u>	
SUBSCICENTER	-	0	Ü	Ş		Ş			Ş		Ş	
HERION DETOX CLINIC NURSHALL SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-FAXEMENT EFFORT FOR JAN 2004 178U DEC 2004 00 20 20 100 20 20 20 20 20 20 20 20 20 20 20 20 2		0	0									
CALIF DETAILS CLINIC CALIFORNIA SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2014 PAGE 17,644 O3714/05	SURGICENTER	0	0		.00		.00	.000				.00
## MEDICAL SERVICES AND EXPENDITURES MONTH—OF—PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 VENTURA COUNTY 41 ELIGIBLES 42 ENTRE SERVICES FOR THILE ILI DISREGARD - BLIND 42 ENTRE SERVICES 43 AVERAGE COST UNITS ON FOR THE ELIGIBLE EXPENDITURAL YEAR ELIGIBLE 52 ELIGIBLE 53 1,737.54 \$ 1.13 337.97 \$ 144.80 \$ 42.38 \$ 142.38 \$	HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
## CALL ORDER OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU ECC 2004 PAGE 17,644 VENTURA COUNTY SUMMARY OF SERVICES FOR ITTLE II DISREGARD - SLIND ALD CODES 26 A	RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
MODIO	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 17.644
## AL ELIGIBLES USENS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER CO					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1011 01111 1			2001		
## ALLIGIBLES USES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PE				T DTS	EDECADO - BITNO	7 TD	CODES 26	67				03/11/03
### AURICHEES USERS USERS CARE EXPENDITURES AVERAGE COST UNITS/DAY SET ELLC USER ELLCIFILE ### CORT DAYS OF CARE CORT DAYS OF CA	VENTORA COUNTI	SUMMARI OF SERV	ICES FOR IIILE I	I DIS	DREGARD - BLIND	AID	CODES 20		ONTENT I		CE	
CALL OTHER FROVIDERS	41 51 50 55 50					3						
PALL OTHER PROVIDERS	41 ELIGIBLES	USERS			EXPENDITURES							
DURABLE MED. EQUIP. 0 0 0 0 0 0 0 0 0												
HEADON BANK 0	@ALL OTHER PROVIDERS	12	13 , 855	\$	1,737.54	\$.13	337.927	\$	144.80	\$	42.38
MEBRING AID DISPENSERS 0	DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION 0 0 0 00 00 000 000 00 00 000 000 000	BLOOD BANK	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION 0 0 0 00 00 000 000 00 00 000 000 000	HEARING AID DISPENSERS	0	0		- 00		. 00	. 000		. 00		. 00
AMENILANCES/AIR TRANS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00												
OTHER TRANS OTHER SERVICES OTHER SER		0										
OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	· · · · · · · · · · · · · · · · ·	0	0									
ACUPUNCTURE O		U	U									
ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
GENETIC DISEASE TESTING 0 0 0 00 00 00 00 00 00 00 100 1HMC,MODEL-NF,NF,AIDS,MSSP 0 0 0 0 00 00 00 00 00 00 00 00 00 00	ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
IHMC_MODEL-NF,NF,AIDS_MSSF	ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OPTICIAN		Û	Ô									
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PROSTHETIST/ORTHOTISTS 0 0 0 .00 .00 .00 .00 .00 .00 .00 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		U										
PROSTHETICS 0 0 0 0 00 00 00 00 00 00 00 00 00 00		U										
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PSYCHOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	-				.00	.000				.00
SPECH AND AUDIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ORTHOTICS	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		Û	Ô									
LOCAL EDUCATION AGENCIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
PED SUBACUTE REHAB/WEANING 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 11 13,853 1,726.19 .12 337.878 156.93 42.10 @CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 9 46 \$.376.70 \$ 8.19 1.122 \$ 41.86 \$ 9.19 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI—CAL SERVICES AND EXPENDITURES MONTH—OF—PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,645 MOPO24 FEE—FOR—SERVICE/DENTAL VENTURA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD — DISABLED AID CODES 36 66 6C MONTHLY AVERAGE		U	U									
ALL OTHER PROVIDERS 11 13,853 1,726.19 1.2 337.878 156.93 42.10 @CALIF. CHILDREN SERVICES* 0 0 0 \$.00 \$.		•	0									
@CALIF. CHILDREN SERVICES* 0 0 \$.00	PED SUBACUTE REHAB/WEANING	•					.00			.00		.00
QXOVER EXCLUDING STATE HOSP** 9 46 \$ 376.70 \$ 8.19 1.122 \$ 41.86 \$ 9.19 Q* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,645 MOP024 FEE-FOR-SERVICE/DENTAL VENTURA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C MONTHLY AVERAGE	ALL OTHER PROVIDERS	11	13 , 853		1,726.19		.12	337.878		156.93		42.10
QXOVER EXCLUDING STATE HOSP** 9 46 \$ 376.70 \$ 8.19 1.122 \$ 41.86 \$ 9.19 Q* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,645 MOP024 FEE-FOR-SERVICE/DENTAL VENTURA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C MONTHLY AVERAGE	@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,645 MOP024 FEE-FOR-SERVICE/DENTAL VENTURA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C MONTHLY AVERAGE	@XOVER EXCLUDING STATE HOSP**	9	46	\$	376.70	\$	8.19	1.122	\$			9.19
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,645 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C MONTHLY AVERAGE				TEM (·			·			
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,645 MOP024 FEE-FOR-SERVICE/DENTAL VENTURA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C MONTHLY AVERAGE												
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,645 MOP024 FEE-FOR-SERVICE/DENTAL VENTURA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C MONTHLY AVERAGE					, 1170 AT.							
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C MONTHLY AVERAGE					NIELL OF DAVIMENTE DE		DOD TANK	0004 miini	DEG	0004	D.7	CD 17 C45
VENTURA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C MONTHLY AVERAGE				ES MC	DNTH-OF-PAYMENT RE	FLOKI	FUK JAN Z	2004 THRU	DEC	∠∪∪4	PA	
MONTHLY AVERAGE												U3/14/U5
	VENTURA COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DIS	BREGARD - DISABLEI	D AID	CODES 36					
4,172 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER								M	ONTH	LY AVERA	GE -	
	4,172 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S C	OST PER	C	OST PER

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	3,696	105,748	\$ 2,399,407.33	\$ 22.69	25.347	\$ 649.19	\$ 575.12
@PHYSICIANS SERVICES	602	2,992	\$ 47,665.72	\$ 15.93	.717	\$ 79.18	\$ 11.43
OUTPATIENT VISITS	18	27	1,031.18	38.19	.006	57.29	.25
OFFICE VISITS	10	12	470.86	39.24	.003	47.09	.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	15	560.32	37.35	.004	70.04	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	9	26	1,217.38	46.82	.006	135.26	.29
HOSPITAL VISITS	9	23	1,065.28	46.32	.006	118.36	.26
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	3	152.10	50.70	.001	152.10	.04
OPHTHALMOLOGICAL SERVICES	6	11	501.89	45.63	.003	83.65	.12
EXAMINATIONS	6	11	501.89	45.63	.003	83.65	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	22	1,827.94	83.09	.005	609.31	.44
PRINCIPAL SURGEON	1	2	1,100.64	550.32	.000	1100.64	.26
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	20	727.30	36.37	.005	363.65	.17
OUTPATIENT SURGERY	8	35	1,641.61	46.90	.008	205.20	.39
PRINCIPAL SURGEON	4	5	967.99	193.60	.001	242.00	.23
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	30	673.62	22.45	.007	168.41	.16
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	12	15	304.51	20.30	.004	25.38	.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	567	2,856	41,141.21	14.41	.685	72.56	9.86
@PHARMACY	3,279	41,303	\$ 1,614,047.43	\$ 39.08	9.900	\$ 492.24	\$ 386.88
PRESCRIPTION DRUGS	3,223	14,108	1,582,193.02	112.15	3.382	490.91	379.24

SNF/ICF	157	1,027	100,354.77	97.72	.246	639.20	24.05
OUTPATIENTS	3,093	13,081	1,481,838.25	113.28	3.135	479.09	355.19
MEDICAL SUPPLIES	325	27 , 195	31,854.41	1.17	6.518	98.01	7.64
@DENTIST	296	1,232	51,266.95	\$ 41.61	.295	\$ 173.20	\$ 12.29
VISITS - DIAGNOSTIC	199	765	10,470.50	13.69	.183	52.62	2.51
ORAL SURGERY	39	74	4,017.00	54.28	.018	103.00	.96
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.05
PERIODONTICS	38	39	4,031.00	103.36	.009	106.08	.97
ENDODONTICS	27	41	7,909.50	192.91	.010	292.94	1.90
RESTORATIVE DENTISTRY	79	202	15,661.95	77.53	.048	198.25	3.75
PROSTHETICS	7	7	180.00	25.71	.002	25.71	.04
DENTURES, STAYPLATES	27	94	8 , 797.00	93.59	.023	325.81	2.11
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	8	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	S MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 17,646

MOP024 FEE-FOR-SERVICE/DENTAL

VENTURA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

VENTURA COUNTI	SUMMAKI OF SEK	VICES FOR IIILE	II DIS	DREGARD - DISABLE	D AIL	CODES 30				
							M		GE	
4,172 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST		COST PER		COST PER
		OR DAYS OF CAR	Ε		PEF	R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	128	389	\$	8,317.86	\$	21.38	.093	\$ 64.98	\$	1.99
DIAGNOSTIC AND ANC. PROCED	32	33		1,394.79		42.27	.008	43.59		.33
EYE APPLIANCES	114	330		6,631.42		20.10	.079	58.17		1.59
OTHER OPTOMETRIC SERVICES	12	26		291.65		11.22	.006	24.30		.07
@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.001	\$ 25.08	\$.01
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	2	3		50.16		16.72	.001	25.08		.01
@PODIATRIST	53	117	\$	1,156.67	\$	9.89	.028	\$ 21.82	\$.28
MEDICINE/INJECTIONS	2	2		66.90		33.45	.000	33.45		.02
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	51	115		1,089.77		9.48	.028	21.37		.26
@HOME HEALTH AGENCY	1	4	\$	320.80	\$	80.20	.001	\$ 320.80	\$.08
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	631	2,238	\$	86,020.32	\$	38.44	.536	\$ 136.32	\$	20.62
HOSP INPATIENT TOTAL	36	18		40,848.07		2269.34	.004	1134.67		9.79
HSC HOSPITALS	4	12		16,800.00		1400.00	.003	4200.00		4.03
NON-HSC HOSPITAL TOTAL	1	6		1,741.90		290.32	.001	1741.90		.42
ACCOMMODATIONS	1	6		1,387.80		231.30	.001	1387.80		.33
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	6		1,387.80		231.30	.001	1387.80		.33
ANCILLARIES	1	0		354.10		.00	.000	354.10		.08
INPATIENT CROSSOVERS	31	0		22,306.17		.00	.000	719.55		5.35
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	606	2,220		45,172.25		20.35	.532	74.54		10.83
MEDICAL	61	89		3,676.22		41.31	.021	60.27		.88
SURGERY	7	9		88.31		9.81	.002	12.62		.02
PATHOLOGY	22	95		734.09		7.73	.023	33.37		.18

RADIOLOGY	17	20		2 , 992.44	149.62	.005	176.03		.72
ROOM USE	63	94		3,777.57	40.19	.023	59.96		.91
CROSSOVERS/ALL OTH OUTPTNT	534	1,913		33,903.62	17.72	.459	63.49		8.13
@COUNTY HOSPITAL TOTAL	415	1,190	\$	28,526.70	\$ 23.97	.285	\$ 68.74	\$	6.84
CO HOSPITAL INPATIENT TOTAL	3	9		5,041.90	560.21	.002	1680.63		1.21
HSC HOSPITALS	2	3		3,300.00	1100.00	.001	1650.00		.79
NON-HSC HOSPITALS TOTAL	1	6		1,741.90	290.32	.001	1741.90		.42
ACCOMMODATIONS	1	6		1,387.80	231.30	.001	1387.80		.33
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	6		1,387.80	231.30	.001	1387.80		.33
ANCILLARIES	1	0		354.10	.00	.000	354.10		.08
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	414	1,181		23,484.80	19.89	.283	56.73		5.63
MEDICAL	56	83		3,513.72	42.33	.020	62.75		.84
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	14	55		439.88	8.00	.013	31.42		.11
RADIOLOGY	11	14		2,777.32	198.38	.003	252.48		.67
ROOM USE	55	80		3,314.20	41.43	.019	60.26		.79
CROSSOVERS/ALL OTH OUTPINT	346	949		13,439.68	14.16	.227	38.84		3.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE	17,647
MOP024	FEE-FOR-SERVICE/DENT	'AL						0	3/14/05

SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

VENTURA COUNTY

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 4,172 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 230 1,048 \$ \$ 54.86 .251 \$ 249.97 \$ 13.78 @COMMUNITY HOSPITAL TOTAL 57,493.62 3978.46 COMM HOSP INPATIENT TOTAL 35,806.17 .002 1085.04 1500.00 6750.00 HSC HOSPITALS 13,500.00 .002 3.24 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 .00 .000 ALL OTHER ACCOM ANCILLARIES .00 .000 .00 .00 31 22,306.17 INPATIENT CROSSOVERS .000 719.55 5.35 .00 ALL OTHER INPATIENT 0 .00 .000 202 1,039 107.36 COMM HOSP OUTPATIENT TOTAL 21,687.45 20.87 .249 5.20 6 32.50 MEDICAL 5 162.50 27.08 .001 .04 88.31 9.81 .002 12.62 SURGERY 40 294.21 7.36 .010 32.69 PATHOLOGY .07 6 RADIOLOGY 6 215.12 35.85 .001 35.85 .05 10 14 463.37 33.10 46.34 .003 .11 964 CROSSOVERS/ALL OTH OUTPINT 194 20,463.94 21.23 .231 105.48 4.91 .00 .00 \$ @STATE HOSPITAL Ω 0 .00 \$.000 \$.00 0 0 .00 .00 .000 .00 MENTALLY ILL 0 0 DEVELOP. DISABLED .00 .00 .00 .000 .00 787 116,107.47 \$ 147.53 .189 \$ 3628.36 \$ @NURSING FACILITY 27.83 0 .000 .00 LEV A-INTERMEDIATE .00 .00 .00 .00 LEV B-REHAB MD 0 .00 .00 .00 .000 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .000 LEV B-SUBACUTE HSPTL BASED 0 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 116,107.47 LEV B-REGULAR 787 147.53 .189 3628.36 27.83 .283 \$ 5323.64 \$ @INTERMEDIATE CARE FACIL.-DD 37 1,179 196,974.86 \$ 167.07 47.21

ICF DDH	37	1,179		196 , 974.86		167.07	.283		5323.64		47.21
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	77	101	\$	52,909.41	\$	523.86	.024	\$	687.14	\$	12.68
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	77	101		52,909.41		523.86	.024		687.14		12.68
@REHABILITATION FACILITY	1	4	\$	127.73	\$	31.93	.001	\$	127.73	\$.03
HOSPITAL BASED	1	4		127.73		31.93	.001		127.73		.03
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	50	137	\$	1,737.13	\$	12.68	.033	\$	34.74	\$.42
PATHOLOGY	48	133		1,718.36		12.92	.032		35.80		.41
XO AND OTHERS	2	4		18.77		4.69	.001		9.39		.00
@ORGANIZED OUTPATIENT CLINIC	139	295	\$	13,844.79	\$	46.93	.071	\$	99.60	\$	3.32
CLINIC	19	24		792.10		33.00	.006		41.69		.19
SURGICENTER	1	1		42.99		42.99	.000		42.99		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	119	270		13,009.70		48.18	.065		109.33		3.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES :	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 17,648
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR TITLE	II D	ISREGARD - DISABLE	D AII	CODES 3	6 66 6C				

----- MONTHLY AVERAGE -----

EXPENDITURES 4,172 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 208,860.03 \$ 3.80 592 352.80 \$ @ALL OTHER PROVIDERS 54,967 \$ 13.175 \$ 50.06 12,739.31 195.99 .00 .00 559.15 279.58 32,012.18 4.50 DURABLE MED. EQUIP. 18 .016 707.74 3.05 0 2 74 11 BLOOD BANK .000 .00 279.58 HEARING AID DISPENSERS .000 .13 7,113 1.705 432.60 MEDICAL TRANSPORTATION 7.67 AMBULANCES/AIR TRANS 11 172 4,545.61 26.43 .041 413.24 3.98 1.589 3.38 .074 32 6,631 825.58 OTHER TRANS 26,418.46 6.33 310 31 1,048.11 1,048.11 3.38 .074 35.81 .000 12,389.12 69.63 .387 706.85 .00 .00 .000 .000 20,404.26 165.89 .029 618.31 .00 .00 .000 .000 3,066.33 11.11 .066 26.90 2.74 2.74 .000 2.74 4.12 .52 .002 1.03 331.97 47.42 .002 82.99 184.27 46.07 .001 61.42 147.70 OTHER SERVICES 33.81 ACUPUNCTURE 0 0 .00 159 1,614 112,389.12 .00 ADULT DAY HEALTH CARE CTR 26.94 0 GENETIC DISEASE TESTING 0 .00 .00 33 123 20,404.26 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 3,066.33 114 1 OPTICIAN 276 .73 2.74 PHYSICAL THERAPIST PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS .08 PROSTHETICS 3 11 49.23 19.31 41.69 .00 147.70 49.23 .001 147.70 ORTHOTICS .04 212.40 4,878.10 .00 19.31 PSYCHOLOGIST .003 70.80 .05 117 152.44 .028 SPEECH AND AUDIOLOGY HOSPICE SERVICES .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 LOCAL EDUCATION AGENCIES .000 0 0 0 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 45,630 22,260.35 .49 10.937 ALL OTHER PROVIDERS 234 95.13 5.34 @CALIF. CHILDREN SERVICES* 68.69 11 363 24,933.16 \$.087 \$ 2266.65 \$ 5.98 16,502 @XOVER EXCLUDING STATE HOSP** 1,242 201,127.19 \$ 12.19 3.955 \$ 161.94 \$ 48.21

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

VENTURA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 17,649

03/14/05

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

VENTURA COUNTY	SUMMARY OF SERV	ICES FOR	TITLE	TT D	DISREG	GARD - FAMILI	IES	DISCONTIN					
									M	r NO	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	€		EXPENDITURES	S	AVERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE	₹.				PER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1		1	\$		74.92	2	\$ 74.92	.000	\$	74.92	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	0	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		Ö			.00		.00	.000		.00		.00
OFFICE VISITS	0		0			.00		.00	.000		.00		.00
HOME VISITS	0		0			.00		.00	.000		.00		.00
	0		0			.00		.00	.000				
EMERGENCY ROOM											.00		.00
PREVENTIVE CARE	0		0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0			.00		.00	.000		.00		.00
INPATIENT VISITS	0		0			.00	0	.00	.000		.00		.00
HOSPITAL VISITS	0		0			.00	0	.00	.000		.00		.00
CRITICAL CARE	0		0			.00	0	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0			.00	0	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0			.00		.00	.000		.00		.00
EXAMINATIONS	0		0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0			.00		.00	.000		.00		.00
	0		-										
PRINCIPAL SURGEON	•		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00	0	.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00	0	.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00	0	.00	.000		.00		.00
DIALYSIS	0		0			.00	0	.00	.000		.00		.00
PATHOLOGY	0		0			.00	0	.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
PSYCHIATRY	0		0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0			.00		.00	.000		.00		.00
	0			Ċ						<u>_</u>		Ċ	
@PHARMACY	•		0	\$.00		\$.00	.000	Þ	.00	\$.00
PRESCRIPTION DRUGS	0		0			.00		.00	.000		.00		.00
SNF/ICF	0		0			.00		.00	.000		.00		.00
OUTPATIENTS	0		0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0			.00		.00	.000		.00		.00
@DENTIST	0		0	\$.00	0	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0			.00	0	.00	.000		.00		.00
ORAL SURGERY	0		0			.00	0	.00	.000		.00		.00
DRUGS	0		0			.00	0	.00	.000		.00		.00
ANESTHESIA	0		0			.00		.00	.000		.00		.00
PERIODONTICS	0		Ö			.00		.00	.000		.00		.00
ENDODONTICS	0		0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0			.00		.00	.000		.00		.00
	0		0			.00							
PROSTHETICS	•							.00	.000		.00		.00
DENTURES, STAYPLATES	0		0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0			.00	0	.00	.000		.00		.00
ALL OTHER SERVICES	0		0			.00	0	.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024

VENTURA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,650

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

03/14/05

VENTORA COUNTI	SOMMAN OF SERVI	CED FOR	111111111111111111111111111111111111111	DISKE	JAND FAMILIES	DIDC	OIA I IIA					
								MO	TMC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE	COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS	OF CARE			PER UNI	T/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	Ü	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
-	0	U \$			·		•
CO HOSPITAL INPATIENT TOTAL	Ü	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	Ü	Ü	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	Ü	Ü	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI_CAI SERVIC	ES AND EXPENDITURES MON					PAGE 17,651
						- 200 4	LUGE III
			111 01 11111111111 111				•
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
	FEE-FOR-SERVICE				JED		03/14/05
MOP024	FEE-FOR-SERVICE	/DENTAL				THLY AVERAG	03/14/05
MOP024	FEE-FOR-SERVICE	/DENTAL			JED MONT		03/14/05
MOP024 VENTURA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE	EGARD - FAMILIES	DISCONTINU	JED MONI UNITS/DAYS	COST PER	03/14/05 GE COST PER
MOP024 VENTURA COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE	EGARD - FAMILIES	DISCONTINU AVERAGE COST PER UNIT/DAY	JED MON' UNITS/DAYS PER ELIG	COST PER USER	03/14/05 GE COST PER ELIGIBLE
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$	EGARD - FAMILIES EXPENDITURES .00	DISCONTINU AVERAGE COST PER UNIT/DAY \$.00	JED MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	03/14/05 GE COST PER ELIGIBLE \$.00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00	JED MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$	EGARD - FAMILIES EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00	JED MONT UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	JED MONT UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	JED MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	JED MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	JED MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	DISCONTINU AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	DISCONTINU AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 VENTURA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	DISCONTINU AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JED MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF	-PAYMENT REF	PORT FOR JAN	2004 THRU DE	C 2004	PAG	E 17,652
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREGARD	- FAMILIES	DISCONTIN	NUED			
								~-	

VENTURA COUNTI	SUMMAKI OF SERV	ICES FOR IIITE II I	DISKEGARD - FAMILIES	DISCONTING			_
					MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	74.92	\$ 74.92	.000 \$		•
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1	1	74.92	74.92	.000	74.92	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	1	1 \$	74.92	\$ 74.92	.000 \$	74.92 \$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,653 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

					MON'	THLY AVERA	GE
8,233 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,151	185,656 \$	4,220,971.76	\$ 22.74	22.550 \$		
@PHYSICIANS SERVICES	1,147	4,879 \$	81,729.22	\$ 16.75	.593 \$		\$ 9.93
OUTPATIENT VISITS	20	29	1,031.18	35.56	.004	51.56	.13
OFFICE VISITS	12	14	470.86	33.63	.002	39.24	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	15	560.32	37.35	.002	70.04	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	10	27	1,244.88	46.11	.003	124.49	.15
HOSPITAL VISITS	9	23	1,065.28	46.32	.003	118.36	.13
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	4	179.60	44.90	.000	89.80	.02
OPHTHALMOLOGICAL SERVICES	6	11	501.89	45.63	.001	83.65	.06
EXAMINATIONS	6	11	501.89	45.63	.001	83.65	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	22	1,827.94	83.09	.003	609.31	.22
PRINCIPAL SURGEON	1	2	1,100.64	550.32	.000	1100.64	.13
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	20	727.30	36.37	.002	363.65	.09
OUTPATIENT SURGERY	8	35	1,641.61	46.90	.004	205.20	.20
PRINCIPAL SURGEON	4	5	967.99	193.60	.001	242.00	.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	30	673.62	22.45	.004	168.41	.08
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	8	12.25	1.53	.001	12.25	.00
RADIOLOGY	13	16	317.50	19.84	.002	24.42	.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,108	4,731	75,151.97	15.89	.575	67.83	9.13
@PHARMACY	6,320	69,541 \$	2,723,235.70	\$ 39.16	8.447 \$	430.89	\$ 330.77
PRESCRIPTION DRUGS	6,223	26,806	2,660,139.67	99.24	3.256	427.47	323.11
SNF/ICF	217	1,509	124,742.47	82.67	.183	574.85	15.15
OUTPATIENTS	6,039	25,297	2,535,397.20	100.23	3.073	419.84	307.96
MEDICAL SUPPLIES	694	42,735	63,096.03	1.48	5.191	90.92	7.66
@DENTIST	500	2,005 \$	85,605.28	\$ 42.70	.244 \$	171.21	\$ 10.40
VISITS - DIAGNOSTIC	317	1,229	16,119.55	13.12	.149	50.85	1.96
ORAL SURGERY	73	171	10,001.00	58.49	.021	137.00	1.21
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.04
PERIODONTICS	57	58	6,273.00	108.16	.007	110.05	.76
ENDODONTICS	34	48	9,334.50	194.47	.006	274.54	1.13
RESTORATIVE DENTISTRY	116	291	20,178.95	69.34	.035	173.96	2.45
PROSTHETICS	7	7	180.00	25.71	.001	25.71	.02

DENTURES, STAYPLATES	72	188	23,218.28	123.50	.023	322.48	2.82
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	13	10	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 17,654
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR TITLE II DI	SREGARD - TOTAL				

VENTURA COUNTY	SUMMARY OF SER	VICES FOR TITLE	II DIS	REGARD - TOTAL							
							M			GE	
8,233 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR			PER		PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	225	651	\$	13 , 965.96	\$	21.45	.079	\$	62.07	\$	1.70
DIAGNOSTIC AND ANC. PROCED	50	51		2,244.80		44.02	.006		44.90		.27
EYE APPLIANCES	195	545		11,056.55		20.29	.066		56.70		1.34
OTHER OPTOMETRIC SERVICES	26	55		664.61		12.08	.007		25.56		.08
@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.000	\$	25.08	\$.01
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	3		50.16		16.72	.000		25.08		.01
@PODIATRIST	132	269	\$	2,486.67	\$	9.24	.033	\$	18.84	\$.30
MEDICINE/INJECTIONS	2	2		66.90		33.45	.000		33.45		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	130	267		2,419.77		9.06	.032		18.61		.29
@HOME HEALTH AGENCY	3	21	\$	1,556.00	\$	74.10	.003		518.67	\$.19
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	1,064	3 , 799	\$		\$.461	\$	122.79	\$	15.87
HOSP INPATIENT TOTAL	60	18		59,590.39		3310.58	.002		993.17		7.24
HSC HOSPITALS	4	12		16,800.00		1400.00	.001		4200.00		2.04
NON-HSC HOSPITAL TOTAL	1	6		1,741.90		290.32	.001		1741.90		.21
ACCOMMODATIONS	1	6		1,387.80		231.30	.001		1387.80		.17
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	6		1,387.80		231.30	.001		1387.80		.17
ANCILLARIES	1	0		354.10		.00	.000		354.10		.04
INPATIENT CROSSOVERS	55	0		41,048.49		.00	.000		746.34		4.99
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,022	3,781		71,053.60		18.79	.459		69.52		8.63
MEDICAL	62	90		3,676.22		40.85	.011		59.29		.45
SURGERY	7	9		88.31		9.81	.001		12.62		.01
PATHOLOGY	23	100		734.09		7.34	.012		31.92		.09
RADIOLOGY	18	22		2,992.44		136.02	.003		166.25		.36
ROOM USE	65	97		3,919.02		40.40	.012		60.29		.48
CROSSOVERS/ALL OTH OUTPTNT	949	3,463		59,643.52		17.22	.421		62.85		7.24
@COUNTY HOSPITAL TOTAL	656	1,965	\$	40,781.88	\$.239	\$	62.17	\$	4.95
CO HOSPITAL INPATIENT TOTAL		9		8,473.90		941.54	.001		1210.56		1.03
HSC HOSPITALS	2	3		3,300.00		1100.00	.000		1650.00		.40
NON-HSC HOSPITALS TOTAL	1	6		1,741.90		290.32	.001		1741.90		.21
ACCOMMODATIONS	1	6		1,387.80		231.30	.001		1387.80		.17
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	6		1,387.80		231.30	.001		1387.80		.17
ANCILLARIES	1	0		354.10		.00	.000		354.10		.04

INPATIENT CROSSOVERS	4	0	3,432.00	.00	.000	858.00	.42
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	655	1,956	32,307.98			49.33	3.92
MEDICAL	56	83	3,513.72	42.33		62.75	.43
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	55	439.88	8.00	.007	31.42	.05
RADIOLOGY	11	14	2,777.32	198.38	.002	252.48	.34
ROOM USE	55	80	3,314.20	198.38 41.43	.010	60.26	.40
CROSSOVERS/ALL OTH OUTPTNT	587	1,724	22,262.86	12.91	.209	37.93	2.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 17,655
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DI	SREGARD - TOTAL				
					MON	THLY AVERAG	E
8,233 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	429	1,834 \$	89,862.11	•	.223 \$		
COMM HOSP INPATIENT TOTAL	53	9	51,116.49				6.21
HSC HOSPITALS	2	9	13,500.00	1500.00			
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	51	0	37,616.49	.00	.000	737.58	4.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	384	1,825	38,745.62	21.23	.222	100.90	4.71
MEDICAL	6	7	162.50	23.21	.001	27.08	.02
SURGERY	7	9	88.31	9.81	.001	12.62	.01
PATHOLOGY	10	45	294.21	6.54	.005	29.42	.04
RADIOLOGY	7	8	215.12	26.89		30.73	.03
ROOM USE	12	17	604.82	35.58	.002	50.40	.07

CROSSOVERS/ALL OTH OUTPTNT	375	1,739		37,380.66		21.50	.211		99.68		4.54
@STATE HOSPITAL	1	31	\$	16,092.41	\$	519.11	.004	\$ 1	16092.41	\$	1.95
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	1	31		16,092.41		519.11	.004	1	16092.41		1.95
@NURSING FACILITY	111	2,406	\$	353,108.53	\$	146.76	.292	\$	3181.16	\$	42.89
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	111	2,406		353,108.53		146.76	.292		3181.16		42.89
@INTERMEDIATE CARE FACILDD	37	1,179	\$	196,974.86	\$	167.07	.143	\$	5323.64	\$	23.93
ICF DDH	37	1,179		196,974.86		167.07	.143		5323.64		23.93
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	113	138	\$	75,274.08	\$	545.46	.017	\$	666.14	\$	9.14
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	113	138		75,274.08		545.46	.017		666.14		9.14
@REHABILITATION FACILITY	1	4	\$	127.73	\$	31.93	.000	\$	127.73	\$.02
HOSPITAL BASED	1	4		127.73		31.93	.000		127.73		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	83	228	\$	2,545.05	\$	11.16	.028	\$	30.66	\$.31
PATHOLOGY	77	213		2,479.18		11.64	.026		32.20		.30
XO AND OTHERS	6	15		65.87		4.39	.002		10.98		.01
@ORGANIZED OUTPATIENT CLINIC	193	379	\$	18,057.24	\$	47.64	.046	\$	93.56	\$	2.19
CLINIC	35	45		1,596.87		35.49	.005		45.62		.19
SURGICENTER	7	11		1,087.20		98.84	.001		155.31		.13
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	151	323		15,373.17		47.59	.039		101.81		1.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES N	MONTH-OF-PAYMENT I	REPOR	T FOR JAN 2	2004 THRU	DEC	2004	PI	AGE 17,656
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II DI	ISREGARD - TOTAL							
							M		HLY AVERA	GE ·	
8,233 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,377	100,123	\$	519,518.88	\$	5.19	12.161	\$		\$	63.10
DURABLE MED. EQUIP.	41	105		20,019.48		190.66	.013		488.28		2.43
BLOOD BANK	0	0		.00		.00	.000		.00		.00

					MON	THLI AVERA	GE
8,233 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,377	100,123 \$	519,518.88	\$ 5.19	12.161 \$	377.28	\$ 63.10
DURABLE MED. EQUIP.	41	105	20,019.48	190.66	.013	488.28	2.43
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	13	2,122.98	163.31	.002	265.37	.26
MEDICAL TRANSPORTATION	106	12,318	45,642.58	3.71	1.496	430.59	5.54
AMBULANCES/AIR TRANS	11	172	4,545.61	26.43	.021	413.24	.55
OTHER TRANS	47	11,712	39,645.51	3.39	1.423	843.52	4.82
OTHER SERVICES	48	434	1,451.46	3.34	.053	30.24	.18
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.01
ADULT DAY HEALTH CARE CTR	410	4,564	316,170.89	69.27	.554	771.15	38.40
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	131	957	73,289.97	76.58	.116	559.47	8.90
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	198	461	5,409.99	11.74	.056	27.32	.66
PHYSICAL THERAPIST	1	1	2.74	2.74	.000	2.74	.00
PORTABLE X-RAY	6	10	4.68	.47	.001	.78	.00
PROSTHETIST/ORTHOTISTS	11	16	835.07	52.19	.002	75.92	.10
PROSTHETICS	6	8	517.71	64.71	.001	86.29	.06
ORTHOTICS	5	8	317.36	39.67	.001	63.47	.04
PSYCHOLOGIST	3	11	212.40	19.31	.001	70.80	.03
SPEECH AND AUDIOLOGY	67	210	10,460.15	49.81	.026	156.12	1.27

2	43		5,014.93		116.63	.005	2507.47		.61
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
597	81,412		40,289.77		.49	9.888	67.49		4.89
11	363	\$	24,933.16	\$	68.69	.044	\$ 2266.65	\$	3.03
2,503	22,270	\$	371,649.08	\$	16.69	2.705	\$ 148.48	\$	45.14
	11	11 363	11 363 \$	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 597 81,412 40,289.77 11 363 \$ 24,933.16	0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 597 81,412 40,289.77 11 363 \$ 24,933.16 \$	0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 597 81,412 40,289.77 .49 11 363 \$ 24,933.16 \$ 68.69	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 597 81,412 40,289.77 .49 9.888 11 363 \$ 24,933.16 \$ 68.69 .044	0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 597 81,412 40,289.77 .49 9.888 67.49 11 363 \$ 24,933.16 \$ 68.69 .044 \$ 2266.65	0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 597 81,412 40,289.77 .49 9.888 67.49 11 363 \$ 24,933.16 \$ 68.69 .044 \$ 2266.65 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,657 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

CR DAYS OF CARE PER UNIT/DAY PER BLIG USER ELIGIBLE GROTAL, ALL PROVIDERS 485 62,938 \$ 254,955.99 \$ 4.05 107.771 \$ 525.68 \$ 436.5 \$ 62,938 \$ 2,490.48 \$ 18.05 2.36 \$ 52.99 \$ 4.05 \$ 0.00 \$ 0	VENTURA COUNTY	SUMMARY OF SER	VICES FOR IN HOM	£ SU	PPORT - AGED		AID CODE					
CR DAYS OF CARE PER UNIT/DAY PER BLIG USER ELIGIBLE GROTAL, ALL PROVIDERS 485 62,938 \$ 254,955.99 \$ 4.05 107.771 \$ 525.68 \$ 436.5 \$ 62,938 \$ 2,490.48 \$ 18.05 2.36 \$ 52.99 \$ 4.05 \$ 0.00 \$ 0								MC	TNC	HLY AVERA	GΕ	
### STATE NOTICES	584 ELIGIBLES	USERS			EXPENDITURES				5			COST PER
OUTPATIENT VISITS			OR DAYS OF CAR	₹.		PER	UNIT/DAY			USER		ELIGIBLE
OUTPATIENT VISITS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	- ·			\$	•							436.57
OFFICE VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@PHYSICIANS SERVICES	47	138	\$	2,490.48	\$	18.05	.236	\$	52.99	\$	4.26
HOME VISITS	OUTPATIENT VISITS	0	0				.00					.00
EMERGENCY ROOM PREVENTIVE CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OFFICE VISITS	0	0									.00
PREVENTIVE CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HOME VISITS	0	0				.00	.000				.00
OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									.00
OTHER OUTPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PREVENTIVE CARE	0	0				.00	.000				.00
INPATIENT VISITS	OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
CRITICAL CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0				.00	.000				.00
SNF/ICF/TRANS IP CARE 0 0 .00	HOSPITAL VISITS	0	0		.00		.00	.000				.00
OPHTHALMOLOGICAL SERVICES 0 0 .00	CRITICAL CARE	0	0		.00		.00	.000		.00		.00
EXAMINATIONS 0 0 .0	SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS 0 0 .00	OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY 0	EXAMINATIONS	0	0		.00		.00	.000				.00
PRINCIPAL SURGEON 0 0 .00 <	SERVICES AND MATERIALS	0	0		.00		.00	.000				.00
ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY 0 0 .00	ASSISTANT SURGEON	0	0				.00	.000				.00
PRINCIPAL SURGEON 0 0 .00 <	ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	0	0		.00		.00	.000				.00
DIALYSIS 0 0 .00	ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
PATHOLOGY 0 0 .00 </td <td>ANESTHESIOLOGIST</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td></td> <td></td> <td>.00</td>	ANESTHESIOLOGIST	0	0				.00	.000				.00
RADIOLOGY 0 0 .00 <th< td=""><td>DIALYSIS</td><td>0</td><td>0</td><td></td><td>.00</td><td></td><td>.00</td><td>.000</td><td></td><td>.00</td><td></td><td>.00</td></th<>	DIALYSIS	0	0		.00		.00	.000		.00		.00
PSYCHIATRY 0 0 .00<	PATHOLOGY	0	0				.00	.000				.00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .0 OTHER SERVICES/ALL X-OVERS 47 138 2,490.48 18.05 .236 52.99 4.2 @PHARMACY 396 30,764 \$ 128,691.27 \$ 4.18 52.678 \$ 324.98 \$ 220.3	RADIOLOGY	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS 47 138 2,490.48 18.05 .236 52.99 4.2 @PHARMACY 396 30,764 \$ 128,691.27 \$ 4.18 52.678 \$ 324.98 \$ 220.3	PSYCHIATRY	0	0		.00		.00	.000		.00		.00
@PHARMACY 396 30,764 \$ 128,691.27 \$ 4.18 52.678 \$ 324.98 \$ 220.3	IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
	OTHER SERVICES/ALL X-OVERS											4.26
DDECCDIDUION DDICC 272 1 660 110 046 04 71 76 2 041 210 16 202 0	•			\$		\$			\$		\$	220.36
	PRESCRIPTION DRUGS	373	1,659		119,046.84		71.76	2.841		319.16		203.85
	SNF/ICF											1.92
· ·	OUTPATIENTS	368	1,623		117,926.75		72.66	2.779		320.45		201.93
	MEDICAL SUPPLIES		29,105		•			49.837				16.51
	-			\$	•	\$			\$		\$	3.54
	VISITS - DIAGNOSTIC	6										.55
ORAL SURGERY 1 1 85.00 85.00 .002 85.00 .1	ORAL SURGERY	1	1		85.00		85.00	.002		85.00		.15

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		173.00		86.50	.003		86.50		.30
ENDODONTICS	1	1		215.00		215.00	.002		215.00		.37
RESTORATIVE DENTISTRY	7	21		781.00		37.19	.036		111.57		1.34
PROSTHETICS	2	2		30.00		15.00	.003		15.00		.05
DENTURES, STAYPLATES	3	5		465.00		93.00	.009		155.00		.80
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.002		.00		.00
	MEDI CAI CEDITO	-						DEC		_	
#CALIF DEPT OF HEALTH SERV			LS I	MONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 17,658
MOP024	FEE-FOR-SERVICE		~				1.0				03/14/05
VENTURA COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	SUE	PPORT - AGED		AID CODE				~-	
									HLY AVERA		
584 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CARE							USER		ELIGIBLE
@OPTOMETRIST	7	14	\$	259.71	\$	18.55	.024	\$	37.10	\$. 44
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	5	11		201.65		18.33	.019		40.33		.35
OTHER OPTOMETRIC SERVICES	2	3		58.06		19.35	.005		29.03		.10
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	5	7	\$	63.75	\$	9.11	.012	\$	12.75	\$.11
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	5	7		63.75		9.11	.012		12.75		.11
@HOME HEALTH AGENCY	0	Ó	Ś	.00	Ś	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Š	.00	Ś	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	¢	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	Ś		Ś	.00
FAMILY NURSE PRACTITIONER	0	0	ç	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	35	207	\$ \$	8,744.98	ç	42.25	.354	\$	249.86	\$	14.97
•	2	0	Ą	•	Ą			ې	249.00	ې	8.25
HOSP INPATIENT TOTAL	2	•		4,818.00		.00	.000				
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	•		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ü	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	0		4,818.00		.00	.000		2409.00		8.25
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	33	207		3,926.98		18.97	.354		119.00		6.72
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		.00		.00	.002		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		.00		.00	.002		.00		.00
CROSSOVERS/ALL OTH OUTPINT	32	205		3,926.98		19.16	.351		122.72		6.72
ACOUNTY HOSPITAL TOTAL	1.0	43	Ś	-	Ś	17 73	074	Ś	76 25	Ś	1 31

43 \$

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CO HOSPITAL INPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

10

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762.52 \$

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17.73

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76.25 \$

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.074 \$

NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	10	4	13		762.52		17.73	.074		76.25		1.31
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	10	4	13		762.52		17.73	.074		76.25		1.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		DITURE	S MONT	H-OF-PAYMENT	REPORT	r for jan	2004 THRU	DEC	2004	P.	AGE 17,659
MOP024	FEE-FOR-SERVICE											03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR IN	HOME	SUPPOR	T - AGED		AID CODE	18				
										HLY AVERA	-	
584 ELIGIBLES	USERS	UNITS OF SEE			EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF					R UNIT/DAY		_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	16		\$	7,982.46		48.67	.281		295.65	Ş	13.67
COMM HOSP INPATIENT TOTAL	2		0		4,818.00		.00	.000		2409.00		8.25
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	2		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2		0		4,818.00		.00	.000		2409.00		8.25 .00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	25	1 6	•		.00 3,164.46		.00 19.30	.000		.00 126.58		.00 5.42
MEDICAL	0	Τ.	0		3,104.40		.00	.000		.00		.00
SURGERY	1		1		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.002		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	1		1		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	24	16	_		3,164.46		19.53	.277		131.85		5.42
@STATE HOSPITAL	0	Τ.		\$.00		.00	.000		.00	Ś	.00
MENTALLY ILL	0		0	Υ	.00		.00	.000		.00	۲	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	6	10	-	\$	19,364.18		188.00	.176			Ś	33.16
LEV A-INTERMEDIATE	0	Ξ.	0	'	.00		.00	.000	т.	.00	т	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
:	0		0		.00		.00	.000		.00		.00

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431.18

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LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	2	\$	38.67	\$	19.34	.003	\$	38.67	\$.07
PATHOLOGY	1	2		38.67		19.34	.003		38.67		.07
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	222.07	\$	111.04	.003	\$	111.04	\$.38
CLINIC	1	1		18.12		18.12	.002		18.12		.03
SURGICENTER	1	1		203.95		203.95	.002		203.95		.35
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT F	REPOR!	T FOR JAN	2004 THRU	DEC	2004	PA	AGE 17,660
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUP	PORT - AGED		AID CODE	18				
							M	ONT	HLY AVERA	GE -	
584 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG	;	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	179	31,643	\$	89,993.62	\$	2.84	54.183	\$	502.76	\$	154.10
DURABLE MED. EQUIP.	4	11		953.30		86.66	.019		238.33		1.63
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		652.12		652.12	.002		652.12		1.12
MEDICAL TRANSPORTATION	11	1,594		5,942.70		3.73	2.729		540.25		10.18
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	7	1,566		5,793.00		3.70	2.682		827.57		9.92
OTHER SERVICES	4	28		149.70		5.35	.048		37.43		.26
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	66	813		56,558.13		69.57	1.392		856.94		96.85
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	31	197		16,760.45		85.08	.337		540.66		28.70
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	6	12		140.08		11.67	.021		23.35		.24
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PROSTHETIST/ORTHOTISTS 0 0 .00	PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 0 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 3 7 768.74 109.82 .012 256.25 1.32 HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .0	PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 3 7 768.74 109.82 .012 256.25 1.32 HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 .00	PROSTHETICS	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 3 7 768.74 109.82 .012 256.25 1.32 HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 92 29,008 8,218.10 .28 49.671 89.33 14.07 9.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	ORTHOTICS	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0 0 .00 <t< td=""><td>PSYCHOLOGIST</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></t<>	PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0 0 .00	SPEECH AND AUDIOLOGY	3	7	768.74	109.82	.012	256.25	1.32
LOCAL EDUCATION AGENCIES 0 0 .00	HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .	NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0 0 .00<	LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 92 29,008 8,218.10 .28 49.671 89.33 14.07 @CALIF. CHILDREN SERVICES* 0 \$.00 <t< td=""><td>EPSDT SUPPLEMENTAL SERVICE</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></t<>	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 92 29,008 8,218.10 .28 49.671 89.33 14.07 @CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
	ALL OTHER PROVIDERS	92	29,008	8,218.10	.28	49.671	89.33	14.07
@XOVER EXCLUDING STATE HOSP** 139 9,953 \$ 27,687.66 \$ 2.78 17.043 \$ 199.19 \$ 47.41	@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
	@XOVER EXCLUDING STATE HOSP**	139	9,953	\$ 27,687.66	\$ 2.78	17.043	\$ 199.19	\$ 47.41

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,661
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

----- MONTHLY AVERAGE -----12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 12 115 10,399.48 90.43 9.583 \$ 866.62 \$ 866.62 13.54 33.86 \$ @PHYSICIANS SERVICES 4 10 135.42 .833 \$ 11.29 0 OUTPATIENT VISITS 0 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .00 .000 .00 .00 HOME VISITS .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOSPITAL VISITS .000 CRITICAL CARE .00 .00 .000 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 .00 .00 .000 .00 EXAMINATIONS .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 DIALYSIS .000 .00 PATHOLOGY .00 .00 .000 .00 RADIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PSYCHIATRY .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION 10 OTHER SERVICES/ALL X-OVERS 4 135.42 13.54 .833 33.86 11.29 75 9,193.01 122.57 @PHARMACY 12 6.250 \$ 766.08 \$ 766.08 PRESCRIPTION DRUGS 8,993.40 123.20 6.083 749.45 749.45

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	12	73		8,993.40	123.20	6.083	749.45		749.45
MEDICAL SUPPLIES	2	2		199.61	99.81	.167	99.81		16.63
@DENTIST	1	4	\$	205.00	\$ 51.25	.333	\$ 205.00	\$	17.08
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	1	1		118.00	118.00	.083	118.00		9.83
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	3		87.00	29.00	.250	87.00		7.25
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	S MONTH-	OF-PAYMENT REI	PORT FOR JAN	1 2004 THRU	DEC 2004	PAC	GE 17,662
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05

SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28 VENTURA COUNTY

VENTURA COUNTI	SOMMAKI OF SEK	VICES FOR	IN HOME	SUFF	OKI - PHIND		AID CODE	20				
								M	TNC	THLY AVERA	.GE	
12 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5		20	\$	748.74	\$	37.44	1.667	\$	149.75	\$	62.40
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5		20		748.74		37.44	1.667		149.75		62.40
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	5	20	748.74	37.44	1.667	149.75	62.40
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	DEC 2004	PAGE 17,663
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES F	OR IN HOME S	UPPORT - BLIND	AID CODE	E 28		

----- MONTHLY AVERAGE -----USERS 12 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 20 748.74 37.44 1.667 \$ 149.75 \$.00 .00 COMM HOSP INPATIENT TOTAL 0 .00 .000 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 0 .00 .00 .00 ALL OTHER INPATIENT .000 .00 748.74 COMM HOSP OUTPATIENT TOTAL 20 37.44 1.667 149.75 62.40 .00 MEDICAL 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY PATHOLOGY 0 .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 748.74 CROSSOVERS/ALL OTH OUTPTNT 20 37.44 1.667 149.75 62.40 .00 \$ @STATE HOSPITAL 0 .00 .00 .000 \$.00 MENTALLY ILL .00 .00 .000 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 @NURSING FACILITY Ω .00 .00 .000 \$.00 \$.00 .00 .00 LEV A-INTERMEDIATE .00 .000 .00 .00 .00 LEV B-REHAB MD .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 0 .00 .00 LEV B-REGULAR .00 .000 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	2	\$	10.15	\$	5.08	.167	\$	10.15	\$.85
PATHOLOGY	1	2		10.15		5.08	.167		10.15		.85
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUF	RES MONTH	-OF-PAYMENT R	EPORT	FOR JAN 20	04 THRU	DEC	2004	PF	GE 17,664
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	R IN HOME	SUPPORT	- BLIND		AID CODE 2	3				

VENTOTEL 0001.11	5011111111 01 5211	. 1020 1010 110 11011		222112	1112 0022	MOI	NTHLY AVERA	GE
12 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST		COST PER	COST PER
10 0010100	00210	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	4	\$	107.16	\$ 26.79	.333		
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	4		107.16	26.79	.333	107.16	8.93
PROSTHETICS	1	4		107.16	26.79	.333	107.16	8.93
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	8	35	\$	1,141.56	\$ 32.62	2.917	\$ 142.70	\$ 95.13

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,665

VENTURA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

AID CO	ODF.	68
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03/14/05

----- MONTHLY AVERAGE -----USERS 466 130 14 445 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES

RADIOLOGY	10	20		456.87		22.84	.045		45.69		1.03
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	106	567		9,191.01		16.21	1.274		86.71		20.65
@PHARMACY	410	62,848	\$	628,616.03	\$	10.00	141.231	\$	1533.21	\$	1412.62
PRESCRIPTION DRUGS	368	1,754		600,128.08		342.15	3.942		1630.78		1348.60
SNF/ICF	4	25		964.83		38.59	.056		241.21		2.17
OUTPATIENTS	365	1,729		599,163.25		346.54	3.885		1641.54		1346.43
MEDICAL SUPPLIES	174	61,094		28,487.95		.47	137.290		163.72		64.02
@DENTIST	22	116	\$	3,004.00	\$	25.90	.261	\$	136.55	\$	6.75
VISITS - DIAGNOSTIC	16	83		846.00		10.19	.187		52.88		1.90
ORAL SURGERY	3	4		130.00		32.50	.009		43.33		.29
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	5	6		497.00		82.83	.013		99.40		1.12
ENDODONTICS	1	1		260.00		260.00	.002		260.00		.58
RESTORATIVE DENTISTRY	4	13		703.00		54.08	.029		175.75		1.58
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	9		568.00		63.11	.020		284.00		1.28
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES N	MONTH-OF-PAYMENT RI	EPOR	r for jan	2004 THRU	DEC	2004	P	AGE 17,666
MOP024	FEE-FOR-SERVICE/DENTA	.L									03/14/05

AID CODE 68

----- MONTHLY AVERAGE -----EXPENDITURES 445 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 57.57 \$ 26 460.53 \$ 17.71 .058 \$ @OPTOMETRIST 8 1.03 39.44 1 39.44 DIAGNOSTIC AND ANC. PROCED 39.44 .002 .09 64.08 EYE APPLIANCES 320.40 14.56 .049 .72 OTHER OPTOMETRIC SERVICES 3 100.69 33.56 .007 50.35 .23 .00 \$.00 .00 \$.000 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 .00 .00 .000 OTHER SERVICES 0 0 .00 .00 88.00 \$ 9.78 .020 \$ 17.60 \$ @PODIATRIST 57.20 57.20 .002 57.20 .13 MEDICINE/INJECTIONS .00 SURGERY/ANES. .00 .000 .00 .00 0 .00 RADIO./PATHOLOGY .00 .00 .000 .00 OTHER 8 30.80 3.85 .018 7.70 .07 .000 \$.00 \$ @HOME HEALTH AGENCY 0 .00 \$.00 .00 .00 \$.00 .00 \$ NURSE ANESTHESIST .000 \$ NURSE MIDWIFE .00 \$.00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 \$.00 \$.00 0 .00 .00 .000 \$.00 \$ FAMILY NURSE PRACTITIONER 69,647.58 113.62 @TOTAL HOSPITAL 88 613 1.378 \$ 791.45 \$ 156.51 HOSP INPATIENT TOTAL 14 34 54,182.69 1593.61 .076 3870.19 121.76 1032.30 4387.29 HSC HOSPITALS 35,098.33 .076 0 0 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .000 .00 ACCOMMODATIONS Ω .00 .00 .00 .00 .00 .000 ADMINISTRATIVE DAYS 0 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 0 .00 ALL OTHER ACCOM .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

VENTURA COUNTY

INPATIENT CROSSOVERS	7	0		19,084.36	.00	.000		2726.34		42.89
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	77	579		15,464.89	26.71	1.301		200.84		34.75
MEDICAL	22	49		1,634.63	33.36	.110		74.30		3.67
SURGERY	2	2		131.87	65.94	.004		65.94		.30
PATHOLOGY	6	36		322.32	8.95	.081		53.72		.72
RADIOLOGY	9	14		884.42	63.17	.031		98.27		1.99
ROOM USE	25	40		1,520.08	38.00	.090		60.80		3.42
CROSSOVERS/ALL OTH OUTPINT	51	438		10,971.57	25.05	.984		215.13		24.66
@COUNTY HOSPITAL TOTAL	34	423	\$	- ,	\$ 32.75	.951	\$		\$	31.13
CO HOSPITAL INPATIENT TOTAL	1	4		4,400.00	1100.00	.009		4400.00		9.89
HSC HOSPITALS	1	4		4,400.00	1100.00	.009		4400.00		9.89
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	34	419		9,454.69	22.56	.942		278.08		21.25
MEDICAL	16	42		1,459.88	34.76	.094		91.24		3.28
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	4	11		114.91	10.45	.025		28.73		.26
RADIOLOGY	4	5		380.66	76.13	.011		95.17		.86
ROOM USE	15	27		985.35	36.49	.061		65.69		2.21
CROSSOVERS/ALL OTH OUTPINT		334			19.50	.751		325.69		14.64
		ES AND EXPENDITURE	ES MO				DEC		P.A	AGE 17,667
MOP024	FEE-FOR-SERVICE	/DENTAL								03/14/05
MOP024 VENTURA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL IN HOME	SUPP	ORT - DISABLED	AID CODE	68				03/14/05
			SUPP	ORT - DISABLED	AID CODE	68 Mo	ONT	HLY AVERA	.GE -	
			SUPP	ORT - DISABLED EXPENDITURES		MO				
VENTURA COUNTY	SUMMARY OF SERV	TICES FOR IN HOME	SUPP		AID CODE AVERAGE COST PER UNIT/DAY	UNITS/DAY	S ((
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME UNITS OF SERVICE	SUPP	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	S (COST PER USER	(E	 COST PER ELIGIBLE
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS	ICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES 55,792.89	AVERAGE COST PER UNIT/DAY \$ 293.65	UNITS/DAYS	S (COST PER USER 1033.20	(E	 COST PER ELIGIBLE
VENTURA COUNTY 445 ELIGIBLES	SUMMARY OF SERV USERS 54	ICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 190		EXPENDITURES 55,792.89 49,782.69	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42	UNITS/DAYS PER ELIG .427	S (COST PER USER	(F \$	COST PER ELIGIBLE 125.38
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 54 13	UNITS OF SERVICE OR DAYS OF CARE 190 30		EXPENDITURES 55,792.89 49,782.69 30,698.33	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28	UNITS/DAYS PER ELIG .427 .067	S (COST PER USER 1033.20 3829.44 4385.48	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 54 13 7	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0		EXPENDITURES 55,792.89 49,782.69 30,698.33 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00	UNITS/DAYS PER ELIG .427 .067 .067	S (COST PER USER 1033.20 3829.44 4385.48 .00	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 54 13 7 0	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0		55,792.89 49,782.69 30,698.33 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00	UNITS/DAYS PER ELIG .427 .067 .067 .000	S (USER 1033.20 3829.44 4385.48 .00 .00	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 54 13 7 0	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0		55,792.89 49,782.69 30,698.33 .00 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00	UNITS/DAYS PER ELIG .427 .067 .067 .000 .000	S (USER 1033.20 3829.44 4385.48 .00 .00	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 54 13 7 0 0	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0		55,792.89 49,782.69 30,698.33 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00	UNITS/DAYS PER ELIG .427 .067 .067 .000 .000 .000	S (USER 1033.20 3829.44 4385.48 .00 .00 .00	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 54 13 7 0 0	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0		55,792.89 49,782.69 30,698.33 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00	UNITS/DAYS PER ELIG .427 .067 .067 .000 .000 .000 .000	S (USER 1033.20 3829.44 4385.48 .00 .00 .00	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 54 13 7 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0		55,792.89 49,782.69 30,698.33 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00	UNITS/DAYS PER ELIG .427 .067 .067 .000 .000 .000 .000 .000	S (USER 1033.20 3829.44 4385.48 .00 .00 .00 .00	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 54 13 7 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0 0 0		55,792.89 49,782.69 30,698.33 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00 .00	UNITS/DAYS PER ELIG .427 .067 .067 .000 .000 .000 .000 .000	S (USER 1033.20 3829.44 4385.48 .00 .00 .00 .00 .00	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 54 13 7 0 0 0 0 7 0	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0 0 0 0		55,792.89 49,782.69 30,698.33 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC UNITS/DAY: PER ELIG .427 .067 .067 .000 .000 .000 .000 .000 .00	S (COST PER USER 1033.20 3829.44 4385.48 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00 .00 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 54 13 7 0 0 0 0 7 0 43	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0 0 0 0 160		55,792.89 49,782.69 30,698.33 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAY: PER ELIG .427 .067 .067 .000 .000 .000 .000 .000 .00	S (COST PER USER 1033.20 3829.44 4385.48 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00 .00 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 54 13 7 0 0 0 0 7 0	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0 0 0 0		55,792.89 49,782.69 30,698.33 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY: PER ELIG .427 .067 .067 .000 .000 .000 .000 .000 .00	S (COST PER USER 1033.20 3829.44 4385.48 .00 .00 .00 .00 .00 .00 .00 .2726.34 .00 139.77 .29.13	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 54 13 7 0 0 0 0 0 7 0 43 6 2	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0 0 0 160 7 2		55,792.89 49,782.69 30,698.33 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAY: PER ELIG .427 .067 .007 .000 .000 .000 .000 .000 .00	S (USER 1033.20 3829.44 4385.48 .00 .00 .00 .00 .00 .2726.34 .00 139.77 29.13 65.94	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00 .00 .00 .00 .00 .10 .00 .10 .1
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV USERS 54 13 7 0 0 0 0 0 7 0 43 6 2 2	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0 0 0 0 160 7 2 25		55,792.89 49,782.69 30,698.33 .00 .00 .00 .00 .00 .00 .00 .19,084.36 .00 6,010.20 .174.75 .131.87 .207.41	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY: PER ELIG .427 .067 .0067 .000 .000 .000 .000 .000 .0	S (USER 1033.20 3829.44 4385.48 .00 .00 .00 .00 .00 .00 2726.34 .00 139.77 29.13 65.94 103.71	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 54 13 7 0 0 0 0 0 7 0 43 6 2 2 5	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0 0 0 0 160 7 2 25 9		55,792.89 49,782.69 30,698.33 .00 .00 .00 .00 .00 .00 .00 .19,084.36 .00 6,010.20 .174.75 .131.87 .207.41 .503.76	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY: PER ELIG .427 .067 .007 .000 .000 .000 .000 .000 .00	S (USER 1033.20 3829.44 4385.48 .00 .00 .00 .00 .00 .00 2726.34 .00 139.77 29.13 65.94 103.71 100.75	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV USERS 54 13 7 0 0 0 0 0 0 0 43 6 2 2 5 10	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0 0 0 0 160 7 2 25 9 13		55,792.89 49,782.69 30,698.33 .00 .00 .00 .00 .00 .00 .00 .19,084.36 .00 6,010.20 .174.75 .131.87 .207.41 .503.76 .534.73	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY: PER ELIG .427 .067 .007 .000 .000 .000 .000 .000 .00	S (USER 1033.20 3829.44 4385.48 .00 .00 .00 .00 .00 .00 2726.34 .00 139.77 29.13 65.94 103.71 100.75 53.47	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 54 13 7 0 0 0 0 0 7 0 43 6 2 2 5	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0 0 0 0 160 7 2 25 9 13 104	\$	55,792.89 49,782.69 30,698.33 .00 .00 .00 .00 .00 .00 .00 .19,084.36 .00 6,010.20 .174.75 .131.87 .207.41 .503.76 .534.73 4,457.68	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY: PER ELIG .427 .067 .007 .000 .000 .000 .000 .000 .00	S (COST PER USER 1033.20 3829.44 4385.48 .00 .00 .00 .00 .00 2726.34 .00 139.77 29.13 65.94 103.71 100.75 53.47 143.80	(F \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 54 13 7 0 0 0 0 0 0 0 43 6 2 2 5 10 31	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0 0 0 0 160 7 2 25 9 13		55,792.89 49,782.69 30,698.33 .00 .00 .00 .00 .00 .00 .00 .00 .19,084.36 .00 6,010.20 .174.75 .131.87 .207.41 .503.76 .534.73 4,457.68 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY: PER ELIG .427 .067 .007 .000 .000 .000 .000 .000 .00	S (USER 1033.20 3829.44 4385.48 .00 .00 .00 .00 .00 .00 2726.34 .00 139.77 .29.13 .65.94 103.71 100.75 53.47 143.80 .00	\$ \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 54 13 7 0 0 0 0 0 0 0 43 6 2 2 5 10 31 0	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0 0 0 0 0 160 7 2 25 9 13 104 0	\$	55,792.89 49,782.69 30,698.33 .00 .00 .00 .00 .00 .00 .00 .19,084.36 .00 6,010.20 174.75 131.87 207.41 503.76 534.73 4,457.68 .00 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY: PER ELIG .427 .067 .067 .000 .000 .000 .000 .000 .00	S (COST PER USER 1033.20 3829.44 4385.48 .00 .00 .00 .00 .00 .00 .00 .00 .2726.34 .00 139.77 29.13 65.94 103.71 100.75 53.47 143.80 .00 .00	\$ \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 54 13 7 0 0 0 0 0 0 7 0 43 6 2 2 5 10 31 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0 0 0 0 0 160 7 2 25 9 13 104 0 0 0 0	\$ \$	55,792.89 49,782.69 30,698.33 .00 .00 .00 .00 .00 .00 19,084.36 .00 6,010.20 174.75 131.87 207.41 503.76 534.73 4,457.68 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .37.56 24.96 65.94 8.30 55.97 41.13 42.86 \$.00 .00 .00 .00	UNITS/DAYS PER ELIG .427 .067 .067 .000 .000 .000 .000 .000 .00	S	COST PER USER 1033.20 3829.44 4385.48 .00 .00 .00 .00 .00 .00 .00 .00 .2726.34 .00 139.77 29.13 .65.94 103.71 100.75 53.47 143.80 .00 .00 .00 .00	\$ \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 445 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 54 13 7 0 0 0 0 0 0 0 43 6 2 2 5 10 31 0 0	UNITS OF SERVICE OR DAYS OF CARE 190 30 30 0 0 0 0 0 0 0 160 7 2 25 9 13 104 0 0	\$	55,792.89 49,782.69 30,698.33 .00 .00 .00 .00 .00 .00 .00 .19,084.36 .00 6,010.20 174.75 131.87 207.41 503.76 534.73 4,457.68 .00 .00	AVERAGE COST PER UNIT/DAY \$ 293.65 1659.42 1023.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY: PER ELIG .427 .067 .067 .000 .000 .000 .000 .000 .00	S	COST PER USER 1033.20 3829.44 4385.48 .00 .00 .00 .00 .00 .00 .00 .00 .2726.34 .00 139.77 29.13 65.94 103.71 100.75 53.47 143.80 .00 .00	\$ \$	COST PER ELIGIBLE 125.38 111.87 68.99 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	1	1		376.40		376.40	.002		376.40		.85
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	42		8,021.24		190.98	.094		1336.87		18.03
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	40	52	\$	24,250.61	\$	466.36	.117	\$	606.27	\$	54.50
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	40	52		24,250.61		466.36	.117		606.27		54.50
@REHABILITATION FACILITY	6	29	\$	917.03	\$	31.62	.065	\$	152.84	\$	2.06
HOSPITAL BASED	4	24		805.73		33.57	.054		201.43		1.81
INDEPENDENT FACILITY	2	5		111.30		22.26	.011		55.65		.25
@LABORATORY FACILITY	6	21	\$	223.54	\$	10.64	.047	\$	37.26	\$.50
PATHOLOGY	6	21		223.54		10.64	.047		37.26		.50
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	9	\$	417.58	\$	46.40	.020	\$	46.40	\$.94
CLINIC	4	4		208.69		52.17	.009		52.17		.47
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	5		208.89		41.78	.011		41.78		.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-	OF-PAYMENT	REPORT	FOR JAN 2004	THRU	DEC	2004	P	AGE 17,668
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT ·	- DISABLED		AID CODE 68					

VENTORA COUNTI	DOMMANT OF DEIN	VICED FOR IN HOME DOLLY	JILI DISADIDO	AID CODE	00		
					MON	THLY AVERA	.GE
445 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	191	23,584 \$	118,878.07	\$ 5.04	52.998 \$	622.40	\$ 267.14
DURABLE MED. EQUIP.	19	669	21,646.95	32.36	1.503	1139.31	48.64
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	36	7,021	22,975.34	3.27	15.778	638.20	51.63
AMBULANCES/AIR TRANS	3	7	139.50	19.93	.016	46.50	.31
OTHER TRANS	28	6,968	22,623.62	3.25	15.658	807.99	50.84
OTHER SERVICES	5	46	212.22	4.61	.103	42.44	.48
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	11	201	13,683.00	68.07	.452	1243.91	30.75
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	16	1,217	38,006.90	31.23	2.735	2375.43	85.41
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	309.99	28.18	.025	62.00	.70
PHYSICAL THERAPIST	1	1	2.74	2.74	.002	2.74	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	28	8,670.53	309.66	.063	2890.18	19.48
PROSTHETICS	2	26	8,551.33	328.90	.058	4275.67	19.22
ORTHOTICS	1	2	119.20	59.60	.004	119.20	.27
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	34	1,336.94	39.32	.076	111.41	3.00
HOSPICE SERVICES	2	11	1,120.24	101.84	.025	560.12	2.52
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	4	36.46	9.12	.009	12.15	.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	139	14,387	11,088.98	.77	32.330	79.78	24.92
@CALIF. CHILDREN SERVICES*	18	4,253	\$ 38,553.32 \$	9.06	9.557 \$	2141.85 \$	86.64
@XOVER EXCLUDING STATE HOSP**	212	8,119	\$ 69,065.83 \$	8.51	18.245 \$	325.78 \$	155.20

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,669
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

VENTURA COUNTY	SUMMARY OF SERV	VICES FOR IN HOM.	E SUPP	ORT - TOTAL		140	NIMILL ALLED	7 CE	
1 041 ELICIDIES	USERS	INTER OF CEDITO		EXPENDITURES	AVERAGE COST		NTHLY AVER		COST PER
1,041 ELIGIBLES	USEKS	UNITS OF SERVICE		EXPENDITURES					
GEORGI ALL DROUTDERG	963	OR DAYS OF CAR	£ \$	1 126 270 02	PER UNIT/DAY \$ 7.52		USER \$ 1179.94	ċ	ELIGIBLE
@TOTAL, ALL PROVIDERS		151,056		1,136,278.83					
@PHYSICIANS SERVICES	181	801	\$	18,648.65	\$ 23.28	.769			17.91
OUTPATIENT VISITS	14	21		712.93	33.95	.020	50.92		.68
OFFICE VISITS	11	15		487.27	32.48	.014	44.30		.47
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	4	6		225.66	37.61	.006	56.42		.22
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	5	34		5,052.57	148.61	.033	1010.51		4.85
PRINCIPAL SURGEON	3	4		4,081.07	1020.27	.004	1360.36		3.92
ASSISTANT SURGEON	1	1		297.84	297.84	.001	297.84		.29
ANESTHESIOLOGIST	1	29		673.66	23.23	.028	673.66		.65
OUTPATIENT SURGERY	6	9		554.85	61.65	.009	92.48		.53
PRINCIPAL SURGEON	5	5		423.52	84.70	.005	84.70		.41
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	4		131.33	32.83	.004	131.33		.13
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	2		54.52	27.26	.002	54.52		.05
RADIOLOGY	10	20		456.87	22.84	.019	45.69		.44
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	157	715		11,816.91	16.53	.687	75.27		11.35
@PHARMACY	818	93,687	S	766,500.31	\$ 8.18	89.997			736.31
PRESCRIPTION DRUGS	753	3,486	Y	728,168.32	208.88	3.349	967.02		699.49
SNF/ICF	10	61		2,084.92	34.18	.059	208.49		2.00
OUTPATIENTS	745	3,425		726,083.40	212.00	3.290	974.61		697.49
MEDICAL SUPPLIES	247	90,201		38,331.99	.42	86.648	155.19		36.82
	37	170	\$	5,278.00	\$ 31.05	.163			5.07
@DENTIST	22	100	Ą		11.66	.096	53.00		1.12
VISITS - DIAGNOSTIC	4	5		1,166.00	43.00		53.00		.21
ORAL SURGERY	4 0	0		215.00		.005			
DRUGS	0	•		.00	.00	.000	.00		.00
ANESTHESIA	ũ .	0		.00	.00	.000	.00		.00
PERIODONTICS	8	9		788.00	87.56	.009	98.50		.76
ENDODONTICS	2	2		475.00	237.50	.002	237.50		.46
RESTORATIVE DENTISTRY	12	37		1,571.00	42.46	.036	130.92		1.51
PROSTHETICS	2	2		30.00	15.00	.002	15.00		.03

DENTURES, STAYPLATES	5	14	1,033.00	73.79	.013	206.60	.99
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 17,670
MOP024	FEE-FOR-SERVICE/DENT	TAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR IN HOME SUPP	ORT - TOTAL				
					Mo	ONTHLY AVERAG	E

						M	ON	THLY AVERA	GE.	
1,041 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	15	40	\$ 720.24	\$	18.01	.038	\$	48.02	\$.69
DIAGNOSTIC AND ANC. PROCED	1	1	39.44		39.44	.001		39.44		.04
EYE APPLIANCES	10	33	522.05		15.82	.032		52.21		.50
OTHER OPTOMETRIC SERVICES	4	6	158.75		26.46	.006		39.69		.15
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	10	16	\$ 151.75	\$	9.48	.015	\$	15.18	\$.15
MEDICINE/INJECTIONS	1	1	57.20		57.20	.001		57.20		.05
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	9	15	94.55		6.30	.014		10.51		.09
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	128	840	\$ 79,141.30	\$	94.22	.807	\$	618.29	\$	76.02
HOSP INPATIENT TOTAL	16	34	59,000.69		1735.31	.033		3687.54		56.68
HSC HOSPITALS	8	34	35,098.33		1032.30	.033		4387.29		33.72

ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE ALCOTHER ACCOME ALCOTHER ACCOME ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
ANCILIARIES 0 0 0 23,902.36 0.00 0.00 2.00 2.00 100 100 2.00 100 2.00 100 100 100 100 100 100 100 100 100	TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	ANCILLARIES	0	0		.00	.00	.000	.00		.00
Medical 115 806 20,140.61 24.99 .774 175.14 19.35 Medical 22 49 1,634.63 33.36 .047 74.30 1.57 SUrgery 3 3 131.87 43.96 .003 43.96 .13 Fathology 6 36 322.32 8.95 .035 53.72 .31 Fathology 78.00 .008	INPATIENT CROSSOVERS	9	0		23,902.36	.00	.000	2655.82		22.96
MEDICAL 22 49 1,634,63 33.36 0.47 74.30 1.57 SURGERY 33 3 3 131.87 43.96 0.03 43.96 1.37 PATHOLOGY 6 36 36 322.32 8.95 0.035 53.72 .31 RADIOLOGY 9 14 884.42 63.17 0.13 98.27 .35 RADIOLOGY 9 14 884.42 63.17 0.13 98.27 .35 RADIOLOGY 88 663 15,647.29 23.60 63.7 177.81 15.03 80.00	ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
SURCERY	HOSP OUTPATIENT TOTAL	115	806		20,140.61	24.99	.774	175.14		19.35
PATHOLOGY	MEDICAL	22	49		1,634.63	33.36	.047	74.30		1.57
RADIOLOGY 9 14 884.42 63.17 .013 98.27 .85 ROOM USE 26 41 1,520.08 37.08 .039 58.46 1.46 CROSSOVERS/ALL OTH OUTPTNT 88 663 15,647.29 23.60 .637 177.81 15.03 ECOUNTY HOSPITAL TOTAL 44 466 \$ 14,617.21 \$ 31.37 .448 \$ 332.21 \$ 14.04 CHOOSPITAL INPATIENT TOTAL 1 4 4,400.00 1100.00 .004 4400.00 4.23 HSC HOSPITALS 1	SURGERY	3	3		131.87	43.96	.003	43.96		.13
ROOM USE 26 41 1,520.08 37.08 .039 58.46 1.46 CROSSOVERS/ALL OTH OUTPTNT 88 663 15,647.29 23.60 .637 177.81 15.03 (COUNTY HOSPITAL TOTAL 44 466 \$ 14,617.21 \$ 31.37 .448 \$ 332.21 \$ 14.04 CO HOSPITAL INPATIENT TOTAL 1 4 4 4,400.00 1100.00 .004 4400.00 4.23 HSC HOSPITALS TOTAL 0 0 0 0 .00 .000 .000 .000 .000 .000	PATHOLOGY	6	36		322.32	8.95	.035	53.72		.31
CROSSOVERS/ALL OTH OUTPTNT 88	RADIOLOGY	9	14		884.42	63.17	.013	98.27		.85
COUNTY HOSPITAL TOTAL	ROOM USE	26	41		1,520.08	37.08	.039	58.46		1.46
CO HOSPITAL INPATIENT TOTAL 1	CROSSOVERS/ALL OTH OUTPINT	88	663		15,647.29	23.60	.637	177.81		15.03
HSC HOSPITALS	@COUNTY HOSPITAL TOTAL	44	466	\$	14,617.21	\$ 31.37	.448	\$ 332.21	\$	14.04
NON-HSC HOSPITALS TOTAL 0 0 0 0 0 0 00 00 00 00 00 00 00 00 ACCOMMODATIONS 0 0 0 0 00 00 00 00 00 00 00 00 00 00	CO HOSPITAL INPATIENT TOTAL	1	4		4,400.00	1100.00	.004	4400.00		4.23
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	1	4		4,400.00	1100.00	.004	4400.00		4.23
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS 0 0 0 0 0 0 0 0 0	ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT 0 0 0 1.00 .00 .00 .00 .00 .00 .00 .00 .	ANCILLARIES	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL 44 462 10,217.21 22.12 .444 232.21 9.81 MEDICAL 16 42 1,459.88 34.76 .040 91.24 1.40 SURGERY 0 0 0 0 .00 .00 .00 .00 .00 PATHOLOGY 4 11 114.91 10.45 .011 28.73 .11 RADIOLOGY 4 5 380.66 76.13 .005 95.17 .37 ROOM USE 15 27 985.35 36.49 .026 65.69 .95 CROSSOVERS/ALL OTH OUTPINT 30 377 7,276.41 19.30 .362 242.55 6.99 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,671 MOP024 FEE-FOR-SERVICE/DENTAL VENTURA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
MEDICAL 16 42 1,459.88 34.76 .040 91.24 1.40 SURGERY 0 0 .00 .00 .000 .000 .00 .00 PATHOLOGY 4 11 114.91 10.45 .011 28.73 .11 RADIOLOGY 4 5 380.66 76.13 .005 95.17 .37 ROOM USE 15 27 985.35 36.49 .026 65.69 .95 CROSSOVERS/ALL OTH OUTPTNT 30 377 7,276.41 19.30 .362 242.55 6.99 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,671 MOP024 FEE-FOR-SERVICE/DENTAL 5 10 HOME SUPPORT - TOTAL SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL 10 June 10 Ju	ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
SURGERY 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .	CO HOSP OUTPATIENT TOTAL	44	462		10,217.21	22.12	.444	232.21		9.81
PATHOLOGY 4 11 114.91 10.45 .011 28.73 .11 RADIOLOGY 4 5 380.66 76.13 .005 95.17 .37 ROOM USE 15 27 985.35 36.49 .026 65.69 .95 CROSSOVERS/ALL OTH OUTPTNT 30 377 7,276.41 19.30 .362 242.55 6.99 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,671 MOP024 FEE-FOR-SERVICE/DENTAL VENTURA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	MEDICAL	16	42		1,459.88	34.76	.040	91.24		1.40
RADIOLOGY 4 5 380.66 76.13 .005 95.17 .37 ROOM USE 15 27 985.35 36.49 .026 65.69 .95 CROSSOVERS/ALL OTH OUTPINT 30 377 7,276.41 19.30 .362 242.55 6.99 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,671 MOP024 FEE-FOR-SERVICE/DENTAL VENTURA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	SURGERY	0	0		.00	.00	.000	.00		.00
ROOM USE 15 27 985.35 36.49 .026 65.69 .95 CROSSOVERS/ALL OTH OUTPTNT 30 377 7,276.41 19.30 .362 242.55 6.99 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,671 MOP024 FEE-FOR-SERVICE/DENTAL VENTURA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	PATHOLOGY	4					.011			.11
CROSSOVERS/ALL OTH OUTPTNT 30 377 7,276.41 19.30 .362 242.55 6.99 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,671 MOP024 FEE-FOR-SERVICE/DENTAL VENTURA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	RADIOLOGY	4	5		380.66	76.13	.005	95.17		.37
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,671 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	ROOM USE	15			985.35	36.49	.026	65.69		.95
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	CROSSOVERS/ALL OTH OUTPTNT	30	377		7,276.41	19.30	.362	242.55		6.99
VENTURA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITUR	RES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PAG	E 17 , 671
										03/14/05
MONTHLY AVERAGE	VENTURA COUNTY	SUMMARY OF SERVICES	FOR IN HOME	SUP	PORT - TOTAL					
1 0/1							M	MONTHLY AVERA	AGE	

1 041										
1,041 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER			
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
@COMMUNITY HOSPITAL TOTAL	86	374 \$	64,524.09	\$ 172.52	.359 \$	750.28	\$ 61.98			
COMM HOSP INPATIENT TOTAL	15	30	54,600.69	1820.02	.029	3640.05	52.45			
HSC HOSPITALS	7	30	30,698.33	1023.28	.029	4385.48	29.49			
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00			
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00			
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00			
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00			
ANCILLARIES	0	0	.00	.00	.000	.00	.00			
INPATIENT CROSSOVERS	9	0	23,902.36	.00	.000	2655.82	22.96			
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00			
COMM HOSP OUTPATIENT TOTAL	73	344	9,923.40	28.85	.330	135.94	9.53			
MEDICAL	6	7	174.75	24.96	.007	29.13	.17			
SURGERY	3	3	131.87	43.96	.003	43.96	.13			
PATHOLOGY	2	25	207.41	8.30	.024	103.71	.20			
RADIOLOGY	5	9	503.76	55.97	.009	100.75	.48			
ROOM USE	11	14	534.73	38.20	.013	48.61	.51			

CROSSOVERS/ALL OTH OUTPTNT	60	286		8,370.88		29.27	.275		139.51		8.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	12	146	\$	27 , 761.82	\$	190.15	.140	\$	2313.49	\$	26.67
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	1	1		376.40		376.40	.001		376.40		.36
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	145		27,385.42		188.86	.139		2282.12		26.31
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	47	60	\$	27,268.87	\$	454.48	.058	\$	580.19	\$	26.19
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	47	60		27,268.87		454.48	.058		580.19		26.19
@REHABILITATION FACILITY	6	29	\$	917.03	\$	31.62	.028	\$	152.84	\$.88
HOSPITAL BASED	4	24		805.73		33.57	.023		201.43		.77
INDEPENDENT FACILITY	2	5		111.30		22.26	.005		55.65		.11
@LABORATORY FACILITY	8	25	\$	272.36	\$	10.89	.024	\$	34.05	\$.26
PATHOLOGY	8	25		272.36		10.89	.024		34.05		.26
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	11	\$	639.65	\$	58.15	.011	\$	58.15	\$.61
CLINIC	5	5		226.81		45.36	.005		45.36		.22
SURGICENTER	1	1		203.95		203.95	.001		203.95		.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	5		208.89		41.78	.005		41.78		.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	IONTH-OF-PAYMENT RE	EPOR'	r for Jan 2	004 THRU	DEC	2004	PA	GE 17,672
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FO	R IN HOM	E SUP	PORT - TOTAL							

----- MONTHLY AVERAGE -----1,041 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @ALL OTHER PROVIDERS 371 55,231 208,978.85 3.78 53.056 \$ 563.29 \$ 200.75 DURABLE MED. EQUIP. 23 680 22,600.25 33.24 .653 982.62 21.71 0 0 .00 .000 .00 .00 BLOOD BANK .00 HEARING AID DISPENSERS 652.12 652.12 .001 652.12 1 1 . 63 MEDICAL TRANSPORTATION 47 8,615 28,918.04 3.36 8.276 615.28 27.78 3 7 139.50 19.93 46.50 AMBULANCES/AIR TRANS .007 .13 35 OTHER TRANS 8,534 28,416.62 3.33 8.198 811.90 27.30 OTHER SERVICES 9 74 361.92 4.89 .071 40.21 .35 0 .00 .00 .000 .00 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 77 1,014 70,241.13 69.27 .974 912.22 67.47 .00 .00 .00 GENETIC DISEASE TESTING Ω 0 .000 .00 47 1,414 54,767.35 38.73 1.358 1165.26 52.61 IHMC, MODEL-NF, NF, AIDS, MSSP 0 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN 11 23 450.07 19.57 40.92 .022 .43 2.74 2.74 2.74 PHYSICAL THERAPIST .001 0 PORTABLE X-RAY 0 .00 .00 .00 .00 .000 32 8,777.69 274.30 2194.42 PROSTHETIST/ORTHOTISTS .031 8.43 8,658.49 288.62 .029 2886.16 PROSTHETICS 1 2 59.60 ORTHOTICS 119.20 .002 119.20 .11 0 0 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 2,105.68 51.36 .039 140.38 2.02

HOSPICE SERVICES	2	11	1,120.24	101.84	.011	560.12	1.08
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	4	36.46	9.12	.004	12.15	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	231	43,395	19,307.08	.44	41.686	83.58	18.55
@CALIF. CHILDREN SERVICES*	18	4,253	\$ 38,553.32	\$ 9.06	4.085	\$ 2141.85	\$ 37.03
@XOVER EXCLUDING STATE HOSP**	359	18,107	\$ 97,895.05	\$ 5.41	17.394	\$ 272.69	\$ 94.04

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,673
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

VENTURA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - AGED					
			_			MON			
64,143 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		OST PER
^	45.044	OR DAYS OF CAR		04 004 504 65	PER UNIT/DAY		USER		LIGIBLE
- ·	47,344	1,785,474	\$	24,394,794.65	\$ 13.66	27.836			
@PHYSICIANS SERVICES	7,873	28,161	\$	•	\$ 16.83	.439 \$		Ş	7.39
OUTPATIENT VISITS	134	184		7,133.55	38.77	.003	53.24		.11
OFFICE VISITS	120	166		5,671.04	34.16	.003	47.26		.09
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	17	17		1,416.75	83.34	.000	83.34		.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	1	1		45.76	45.76	.000	45.76		.00
INPATIENT VISITS	24	150		6,732.23	44.88	.002	280.51		.10
HOSPITAL VISITS	22	136		5,561.83	40.90	.002	252.81		.09
CRITICAL CARE	2	7		851.20	121.60	.000	425.60		.01
SNF/ICF/TRANS IP CARE	3	7		319.20	45.60	.000	106.40		.00
OPHTHALMOLOGICAL SERVICES	22	35		1,621.13	46.32	.001	73.69		.03
EXAMINATIONS	22	35		1,621.13	46.32	.001	73.69		.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	15	43		4,985.20	115.93	.001	332.35		.08
PRINCIPAL SURGEON	9	12		3,959.24	329.94	.000	439.92		.06
ASSISTANT SURGEON	3	3		210.71	70.24	.000	70.24		.00
ANESTHESIOLOGIST	5	28		815.25	29.12	.000	163.05		.01
OUTPATIENT SURGERY	32	49		6,482.33	132.29	.001	202.57		.10
PRINCIPAL SURGEON	28	37		5,982.47	161.69	.001	213.66		.09
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	4	12		499.86	41.66	.000	124.97		.01
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	45	312		1,178.78	3.78	.005	26.20		.02
RADIOLOGY	81	185		10,286.20	55.60	.003	126.99		.16
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	8	946		11,278.04	11.92	.015	1409.76		.18
OTHER SERVICES/ALL X-OVERS	7,659	26 , 257		424,272.80	16.16	.409	55.40		6.61
@PHARMACY	40,072	582 , 263	\$		\$ 21.77	9.078 \$			197.64
PRESCRIPTION DRUGS	39 , 432	150,450		12,321,622.81	81.90	2.346	312.48		192.10
SNF/ICF	919	7 , 963		445,235.73	55.91	.124	484.48		6.94
OUTPATIENTS	38,593	142,487		11,876,387.08	83.35	2.221	307.73		185.15
MEDICAL SUPPLIES	3,844	431,813		355,748.21	.82	6.732	92.55		5.55
@DENTIST	2,635	11,144	\$	•	\$ 41.40	.174 \$		\$	7.19
VISITS - DIAGNOSTIC	1,718	6,998		79,595.40	11.37	.109	46.33		1.24
ORAL SURGERY	402	963		50,854.76	52.81	.015	126.50		.79

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	4	5		500.00	100.00	.000	125.00		.01
PERIODONTICS	233	234		25,567.00	109.26	.004	109.73		.40
ENDODONTICS	129	188		38,591.25	205.27	.003	299.16		.60
RESTORATIVE DENTISTRY	517	1,284		88 , 568.70	68.98	.020	171.31		1.38
PROSTHETICS	46	48		1,276.50	26.59	.001	27.75		.02
DENTURES, STAYPLATES	546	1,370		176,373.21	128.74	.021	323.03		2.75
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	2	1		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	57	53		.00	.00	.001	.00		.00
			EC M	ONTH-OF-PAYMENT RI				D	AGE 17,674
	MEDI-CAL SERVICE FEE-FOR-SERVICE		LI CI	ONIH-OF-FAIMENI KI	LIOKI FOR JAN .	ZUU4 INKU DE	2004	F.	03/14/05
		*	7 C C T	CHANCE ACED					03/14/05
VENTURA COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC	ASSI	STANCE - AGED		MONT		C.E.	
64 143 51 16151 56						MON'			
64,143 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	1,606	4,575	\$	91,005.79	\$ 19.89	.071 \$		Ş	1.42
DIAGNOSTIC AND ANC. PROCED	267	277		12,037.41	43.46	.004	45.08		.19
EYE APPLIANCES	1,353	3,881		72,378.63	18.65	.061	53.49		1.13
OTHER OPTOMETRIC SERVICES	219	417		6,589.75	15.80	.007	30.09		.10
@CHIROPRACTOR	9	19	\$	247.21	\$ 13.01	.000 \$		\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	9	19		247.21	13.01	.000	27.47		.00
@PODIATRIST	755	1,442	\$	12,047.25	\$ 8.35	.022 \$	15.96	\$.19
MEDICINE/INJECTIONS	3	4		129.20	32.30	.000	43.07		.00
SURGERY/ANES.	2	2		22.00	11.00	.000	11.00		.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60		.00
OTHER	753 2 1 753 9 3	1,434		11,861.45	8.27	.022	15.75		.18
@HOME HEALTH AGENCY	9	31	\$	2,054.30	\$ 66.27	.000 \$	228.26	\$.03
NURSE ANESTHESIST	3	11	\$	49.01	\$ 4.46	.000 \$	16.34	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000 \$		Ś	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$		Ś	.00
@TOTAL HOSPITAL	5 , 051	18,521	Ś	1,906,164.90	\$ 102.92	.289 \$			29.72
HOSP INPATIENT TOTAL	529	1,629	7	1,587,769.34	974.69	.025	3001.45	т.	24.75
HSC HOSPITALS	250	1,599		1,299,240.18	812.53	.025	5196.96		20.26
NON-HSC HOSPITAL TOTAL	5	19		19,321.64	1016.93	.000	3864.33		.30
ACCOMMODATIONS	5	10		6,300.68	331.61	.000	1260.14		.10
ADMINISTRATIVE DAYS	1	19 6 0 13		1,387.80	231.30	.000	1387.80		.02
	0	0		· · · · · · · · · · · · · · · · · · ·	.00	.000			.02
TRANSITIONAL IP CARE	4	1.2		.00	377.91	.000	.00 1228.22		.00
ALL OTHER ACCOM	5	13		4,912.88			2604.19		
ANCILLARIES	5	U		13,020.96	.00	.000	2604.19		.20
INPATIENT CROSSOVERS	283	11		269,207.52	24473.41	.000	951.26		4.20
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	4,592	16,892		318,395.56	18.85	.263	69.34		4.96
MEDICAL	169	249		8,756.02	35.16	.004	51.81		.14
SURGERY	19	16		1,589.11	99.32	.000	83.64		.02
PATHOLOGY	69	220		2,038.93	9.27	.003	29.55		.03
DADTOLOCY	63	0.5		6 005 50	00 07	0.01	100 03		1 1

RADIOLOGY

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

ROOM USE

63

35

23

169

4,387

2,577

85

\$

239

114

103

16,083

7,691

6,805.59

8,384.03

290,821.88 214,077.82 107,644.00

98,086.77

80.07

35.08

18.08

27.83

944.25

952.30

.001

.004

.251

.120

.002

.002

108.03

49.61

66.29

3075.54

4264.64

83.07 \$

.11

.13

4.53

3.34

1.68

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	11	9,557.23	868.84	.000	796.44	.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2,561	7 , 577	106,433.82	14.05	.118	41.56	1.66
MEDICAL	135	193	6,587.91	34.13	.003	48.80	.10
SURGERY	5	1	1,127.07	1127.07	.000	225.41	.02
PATHOLOGY	37	100	887.99	8.88	.002	24.00	.01
RADIOLOGY	35	48	3,742.89	77.98	.001	106.94	.06
ROOM USE	134	180	6,448.78	35.83	.003	48.13	.10
CROSSOVERS/ALL OTH OUTPINT	2,411	7,055	87,639.18	12.42	.110	36.35	1.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	IONTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DEC	C 2004	PAGE 17,675
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
VENTURA COUNTY	CHMMADY OF CEDY	ICES FOR PUBLIC ASSI	CHANCE ACED				
VENTURA COUNTI	SUMMARI OF SERV	ICES LOW LODDIC WOST	STANCE - AGED				
VENTURA COUNTI	SUMMARI OF SERV	ICES FOR FUBLIC ASSI	STANCE - AGED		MON'	THLY AVERA	GE
64,143 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		THLY AVERA	GE COST PER
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS		
		UNITS OF SERVICE			UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
64,143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	UNITS/DAYS PER ELIG .169 \$	COST PER USER	COST PER ELIGIBLE
64,143 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 2,579	UNITS OF SERVICE OR DAYS OF CARE 10,830 \$	EXPENDITURES 1,692,087.08	PER UNIT/DAY \$ 156.24	UNITS/DAYS PER ELIG .169 \$.024	COST PER USER 656.10	COST PER ELIGIBLE \$ 26.38
64,143 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 2,579 494	UNITS OF SERVICE OR DAYS OF CARE 10,830 \$ 1,515	EXPENDITURES 1,692,087.08 1,480,125.34	PER UNIT/DAY \$ 156.24 976.98	UNITS/DAYS PER ELIG .169 \$.024	COST PER USER 656.10 2996.21	COST PER ELIGIBLE \$ 26.38 23.08
64,143 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 2,579 494	UNITS OF SERVICE OR DAYS OF CARE 10,830 \$ 1,515 1,496	EXPENDITURES 1,692,087.08 1,480,125.34 1,201,153.41	PER UNIT/DAY \$ 156.24 976.98 802.91	UNITS/DAYS PER ELIG .169 \$.024 .023	COST PER USER 656.10 2996.21 5291.42	COST PER ELIGIBLE \$ 26.38 23.08 18.73
64,143 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 2,579 494	UNITS OF SERVICE OR DAYS OF CARE 10,830 \$ 1,515 1,496 19	EXPENDITURES 1,692,087.08 1,480,125.34 1,201,153.41 19,321.64	PER UNIT/DAY \$ 156.24 976.98 802.91 1016.93	UNITS/DAYS PER ELIG .169 \$.024 .023 .000	COST PER USER 656.10 2996.21 5291.42 3864.33	COST PER ELIGIBLE \$ 26.38 23.08 18.73 .30
64,143 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 2,579 494	UNITS OF SERVICE OR DAYS OF CARE 10,830 \$ 1,515 1,496 19 19	EXPENDITURES 1,692,087.08 1,480,125.34 1,201,153.41 19,321.64 6,300.68	PER UNIT/DAY \$ 156.24 976.98 802.91 1016.93 331.61	UNITS/DAYS PER ELIG .169 \$.024 .023 .000 .000	COST PER USER 656.10 2996.21 5291.42 3864.33 1260.14	COST PER ELIGIBLE \$ 26.38 23.08 18.73 .30 .10
64,143 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 2,579 494	UNITS OF SERVICE OR DAYS OF CARE 10,830 \$ 1,515 1,496 19 19	EXPENDITURES 1,692,087.08 1,480,125.34 1,201,153.41 19,321.64 6,300.68 1,387.80	PER UNIT/DAY \$ 156.24 976.98 802.91 1016.93 331.61 231.30	UNITS/DAYS PER ELIG .169 \$.024 .023 .000 .000	COST PER USER 656.10 2996.21 5291.42 3864.33 1260.14 1387.80	COST PER ELIGIBLE \$ 26.38 23.08 18.73 .30 .10
64,143 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 2,579 494	UNITS OF SERVICE OR DAYS OF CARE 10,830 \$ 1,515 1,496 19 19 6 0	EXPENDITURES 1,692,087.08 1,480,125.34 1,201,153.41 19,321.64 6,300.68 1,387.80 .00	PER UNIT/DAY \$ 156.24 976.98 802.91 1016.93 331.61 231.30 .00	UNITS/DAYS PER ELIG .169 \$.024 .023 .000 .000 .000	COST PER USER 656.10 2996.21 5291.42 3864.33 1260.14 1387.80	COST PER ELIGIBLE \$ 26.38 23.08 18.73 .30 .10 .02 .00
64,143 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 2,579 494	UNITS OF SERVICE OR DAYS OF CARE 10,830 \$ 1,515 1,496 19 19 6 0	EXPENDITURES 1,692,087.08 1,480,125.34 1,201,153.41 19,321.64 6,300.68 1,387.80 .00 4,912.88	PER UNIT/DAY \$ 156.24 976.98 802.91 1016.93 331.61 231.30 .00 377.91	UNITS/DAYS PER ELIG .169 \$.024 .023 .000 .000 .000 .000	COST PER USER 656.10 2996.21 5291.42 3864.33 1260.14 1387.80 .00 1228.22	COST PER ELIGIBLE \$ 26.38 23.08 18.73 .30 .10 .02 .00
64,143 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS 2,579 494 227 5 5 1 0 4 5	UNITS OF SERVICE OR DAYS OF CARE 10,830 \$ 1,515 1,496 19 19 6 0	EXPENDITURES 1,692,087.08 1,480,125.34 1,201,153.41 19,321.64 6,300.68 1,387.80 .00 4,912.88 13,020.96	PER UNIT/DAY \$ 156.24 976.98 802.91 1016.93 331.61 231.30 .00 377.91	UNITS/DAYS PER ELIG .169 \$.024 .023 .000 .000 .000 .000	COST PER USER 656.10 2996.21 5291.42 3864.33 1260.14 1387.80 .00 1228.22 2604.19	COST PER ELIGIBLE \$ 26.38 23.08 18.73 .30 .10 .02 .00 .08 .20

COMM HOSP OUTPATIENT TOTAL	2,129	9,315		211,961.74		22.75	.145		99.56		3.30
MEDICAL	38	56		2,168.11		38.72	.001		57.06		.03
SURGERY	14	15		462.04		30.80	.000		33.00		.01
PATHOLOGY	34	120		1,150.94		9.59	.002		33.85		.02
RADIOLOGY	30	37		3,062.70		82.78	.001		102.09		.05
ROOM USE	39	59		1,935.25		32.80	.001		49.62		.03
CROSSOVERS/ALL OTH OUTPINT	2,061	9,028		203,182.70		22.51	.141		98.58		3.17
@STATE HOSPITAL	1	31	\$	16,092.41	\$.000	\$	16092.41	\$.25
MENTALLY ILL	0	0	•	.00	·	.00	.000	·	.00		.00
DEVELOP. DISABLED	1	31		16,092.41		519.11	.000		16092.41		.25
@NURSING FACILITY	958	20,227	\$	3,280,982.69	\$	162.21	.315		3424.83	\$	51.15
LEV A-INTERMEDIATE	0	, 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	1	3		1,229.16		409.72	.000		1229.16		.02
LEV B-SUBACUTE HSPTL BASED	17	887		446,325.35		503.19	.014		26254.43		6.96
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	947	19,337		2,833,428.18		146.53	.301		2992.00		44.17
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	427	460	\$	225,786.00	\$	490.84	.007	\$	528.77	\$	3.52
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	427	460		225,786.00		490.84	.007		528.77		3.52
@REHABILITATION FACILITY	4	4	\$	116.01	\$.000	\$	29.00	\$.00
HOSPITAL BASED	4	4		116.01		29.00	.000		29.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	612	1,839	\$	18,380.43	\$	9.99	.029	\$	30.03	\$.29
PATHOLOGY	569	1,738		17,675.45		10.17	.027		31.06		.28
XO AND OTHERS	44	101		704.98		6.98	.002		16.02		.01
@ORGANIZED OUTPATIENT CLINIC	1,293	2,111	\$	114,540.77	\$.033	\$	88.59	\$	1.79
CLINIC	341	444		14,642.27		32.98	.007		42.94		.23
SURGICENTER	115	140		19,099.92		136.43	.002		166.09		.30
HEROIN DETOX CLINIC	Ō	Ō		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	854	1,527		80,798.58		52.91	.024		94.61		1.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		URES I	MONTH-OF-PAYMENT R	EPOR'	r for Jan	2004 THRU	DEC	2004	P.P	AGE 17,676
MOP024	FEE-FOR-SERVICE										03/14/05
VENTURA COUNTY	SUMMARY OF SERV	VICES FOR PUBLI	C ASS	ISTANCE - AGED							
							I	CNON	THLY AVERA	.GE -	
64,143 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST	r UNITS/DAY	YS.	COST PER	C	COST PER

64,143 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11,507	1,114,635	5,114,659.78	\$ 4.59	17.377 \$	444.48	\$ 79.74
DURABLE MED. EQUIP.	325	760	54 , 798.95	72.10	.012	168.61	.85
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	84	156	24,262.49	155.53	.002	288.84	.38
MEDICAL TRANSPORTATION	505	56,753	199,272.85	3.51	.885	394.60	3.11
AMBULANCES/AIR TRANS	15	131	1,916.04	14.63	.002	127.74	.03
OTHER TRANS	273	54,305	191,361.16	3.52	.847	700.96	2.98
OTHER SERVICES	225	2,317	5 , 995.65	2.59	.036	26.65	.09
ACUPUNCTURE	168	529	9,091.19	17.19	.008	54.11	.14
ADULT DAY HEALTH CARE CTR	4,847	54,480	3,787,206.08	69.52	.849	781.35	59.04
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	664	5,137	350,671.73	68.26	.080	528.12	5.47
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,516	3,765	45,488.39	12.08	.059	30.01	.71
PHYSICAL THERAPIST	3	3	7.84	2.61	.000	2.61	.00

PORTABLE X-RAY	20	41	129.48	3.16	.001	6.47	.00
PROSTHETIST/ORTHOTISTS	36	81	2,150.56	26.55	.001	59.74	.03
PROSTHETICS	19	47	1,382.63	29.42	.001	72.77	.02
ORTHOTICS	17	34	767.93	22.59	.001	45.17	.01
PSYCHOLOGIST	1	9	172.03	19.11	.000	172.03	.00
SPEECH AND AUDIOLOGY	510	1,190	113,798.14	95.63	.019	223.13	1.77
HOSPICE SERVICES	59	1,857	219,105.74	117.99	.029	3713.66	3.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	58	517.40	8.92	.001	103.48	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,191	989,816	307 , 986.91	.31	15.431	73.49	4.80
@CALIF. CHILDREN SERVICES*	4	9	\$ 275.43	\$ 30.60	.000	\$ 68.86	\$.00
@XOVER EXCLUDING STATE HOSP**	15,482	200,920	\$ 1,979,441.23	\$ 9.85	3.132	\$ 127.85	\$ 30.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,677
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

----- MONTHLY AVERAGE -----3,597 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 2,755 268,359 2,204,200.63 8.21 74.606 \$ 800.07 \$ 612.79 784 2,687 .747 \$ 154.93 \$ @PHYSICIANS SERVICES 121,461.56 45.20 33.77 247 336 12,057.66 35.89 .093 48.82 OUTPATIENT VISITS 199 276 32.52 45.10 2.50 OFFICE VISITS 8,975.07 .077 0 0 .00 HOME VISITS .00 .00 .000 .00 36 0 1 17 31 25 36 35 EMERGENCY ROOM 2,301.21 65.75 .010 63.92 .64 0 .00 .00 PREVENTIVE CARE .00 .000 .00 3 OB VISITS/COMPRE PERI 143.13 47.71 .001 143.13 .04 22 638.25 29.01 37.54 OTHER OUTPATIENT .006 .18 101 INPATIENT VISITS 4,532.44 44.88 .028 146.21 1.26 84 3,903.06 46.47 .023 156.12 1.09 HOSPITAL VISITS CRITICAL CARE 1 1 121.60 121.60 .000 121.60 .03 6 SNF/ICF/TRANS IP CARE 16 507.78 31.74 .004 84.63 .14 OPHTHALMOLOGICAL SERVICES 73 105 39.98 .029 57.50 4,197.50 1.17 73 72 1 18 102 40.11 4,091.63 .028 56.83 1.14 EXAMINATIONS 3 35.29 SERVICES AND MATERIALS 105.87 .001 105.87 .03 139 529.60 INPATIENT HOSPITAL SURGERY 9,532.72 68.58 .039 2.65 11 23 305.04 637.81 PRINCIPAL SURGEON 7,015.89 .006 1.95 0 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 11 .032 ANESTHESIOLOGIST 116 2,516.83 21.70 228.80 59 169 OUTPATIENT SURGERY 20,876.21 123.53 .047 353.83 5.80 49 72 18,234.23 253.25 .020 372.13 5.07 PRINCIPAL SURGEON 332.46 166.23 .001 166.23 .09 ASSISTANT SURGEON 13 95 2,309.52 177.66 ANESTHESIOLOGIST 24.31 .026 .64 39 118 9,809.57 83.13 .033 251.53 2.73 DIALYSIS 65 361 7.26 40.35 PATHOLOGY .100 .73 2,622.51 116 311 29,151.41 93.73 251.31 RADIOLOGY .086 8.10 .00 Ω 0 .00 .00 .000 .00 PSYCHIATRY 17 8,352.96 198.88 .012 491.35 2.32 IMMUNIZATION AND INJECTION 382 20,328.58 20.23 .279 53.22 OTHER SERVICES/ALL X-OVERS 1,005 5.65 2,177 126,588 845,097.11 6.68 35.193 \$ 388.19 \$ @PHARMACY 234.94 8,333 PRESCRIPTION DRUGS 2,092 785,920.57 94.31 2.317 375.68 218.49

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	56	426		26,022.67	61.0	.118	464.69	7.23
OUTPATIENTS	2,042	7,907	7	59,897.90	96.1	.0 2.198	372.13	211.26
MEDICAL SUPPLIES	503 1	18,255		59,176.54	. 5	32.876	117.65	16.45
@DENTIST	171	744 \$	5	23,285.15	\$ 31.3	.207	\$ 136.17	\$ 6.47
VISITS - DIAGNOSTIC	122	519		6,410.00	12.3	.144	52.54	1.78
ORAL SURGERY	19	37		2,326.40	62.8	.010	122.44	.65
DRUGS	0	0		.00	.0	.000	.00	.00
ANESTHESIA	0	0		.00	. 0	.000	.00	.00
PERIODONTICS	18	18		2,025.00	112.5	.005	112.50	.56
ENDODONTICS	11	12		2,567.00	213.9	.003	233.36	.71
RESTORATIVE DENTISTRY	45	104		4,797.75	46.1	.029	106.62	1.33
PROSTHETICS	6	6		220.00	36.6	.002	36.67	.06
DENTURES, STAYPLATES	17	43		4,889.00	113.7	'0 .012	287.59	1.36
SPACE MAINTAINERS	0	0		.00	.0	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	. 0	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.0	.000	.00	.00
ORTHODONTIC SERVICES	1	1		50.00	50.0	.000	50.00	.01
ALL OTHER SERVICES	4	4		.00	. 0	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF	-PAYMENT RE	PORT FOR J	AN 2004 THRU	DEC 2004	PAGE 17,678
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

VENTORA COUNTI	SUMMARI OF SER	VICES FOR FUBLIC	HOOL	STANCE - BLIND			M		א מיקוא א דווו	CE	
3 FOR ELICIPIES	HCEDC	INTER OF REDUICI	7	EADENDIMIDEC	7/ 7/ 7/	EDACE COCH			COST PER	-	COCH DED
3,597 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST			USER		COST PER ELIGIBLE
@OPTOMETRIST	108	OR DAIS OF CARE	\$	19,704.25	PE.	R UNIT/DAY 68.18	PER ELIG		182.45		5.48
	49	58	Ą	-	Ş	50.87		Ą		Ą	
DIAGNOSTIC AND ANC. PROCED	85			2,950.46			.016		60.21		.82
EYE APPLIANCES	11	215		16,349.44		76.04	.060		192.35		4.55
OTHER OPTOMETRIC SERVICES	4	16 5	\$	404.35	\$	25.27 16.72	.004	ċ	36.76	ċ	.11
@CHIROPRACTOR	4	-	Ş	83.60	Þ		.001	Ş	20.90	Ş	.02
VISITS	4	5		83.60		16.72	.001		20.90		.02
OTHER SERVICES	•	0		.00	_	.00	.000		.00		.00
@PODIATRIST	72	118	\$	1,789.85	\$	15.17	.033	Ş	24.86	Ş	.50
MEDICINE/INJECTIONS	25	29		754.50		26.02	.008		30.18		.21
SURGERY/ANES.	1	Ţ		18.00		18.00	.000		18.00		.01
RADIO./PATHOLOGY	2	3		53.62		17.87	.001		26.81		.01
OTHER	48	85		963.73		11.34	.024		20.08		.27
@HOME HEALTH AGENCY	35	1,483	\$	48,233.98	\$	32.52	.412		1378.11		13.41
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	621	3,080	\$	337,254.25	\$.856	\$		\$	93.76
HOSP INPATIENT TOTAL	41	209		227,739.84		1089.66	.058		5554.63		63.31
HSC HOSPITALS	27	205		210,710.60		1027.86	.057		7804.10		58.58
NON-HSC HOSPITAL TOTAL	2	4		6,340.98		1585.25	.001		3170.49		1.76
ACCOMMODATIONS	2	4		1,181.80		295.45	.001		590.90		.33
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.001		462.60		.13
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		719.20		359.60	.001		719.20		.20
ANCILLARIES	2	0		5,159.18		.00	.000		2579.59		1.43
INPATIENT CROSSOVERS	12	0		10,688.26		.00	.000		890.69		2.97
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	595	2,871		109,514.41		38.15	.798		184.06		30.45
MEDICAL	300	485		16,490.12		34.00	.135		54.97		4.58
SURGERY	47	49		6,397.49		130.56	.014		136.12		1.78
PATHOLOGY	158	671		7,123.00		10.62	.187		45.08		1.98
				•							

RADIOLOGY	93	143	20,162.04	140.99	.040	216.80	5.61	
ROOM USE	337	609	23,479.52	38.55	.169	69.67	6.53	
CROSSOVERS/ALL OTH OUTPINT	276	914	35,862.24	39.24	.254	129.94	9.97	
@COUNTY HOSPITAL TOTAL	417	1,836 \$	202,091.92	\$ 110.07	.510	\$ 484.63	\$ 56.18	
CO HOSPITAL INPATIENT TOTAL	15	121	131,366.84	1085.68	.034	8757.79	36.52	
HSC HOSPITALS	12	119	129,077.14	1084.68	.033	10756.43	35.88	
NON-HSC HOSPITALS TOTAL	1	2	609.70	304.85	.001	609.70	.17	
ACCOMMODATIONS	1	2	462.60	231.30	.001	462.60	.13	
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.001	462.60	.13	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	1	0	147.10	.00	.000	147.10	.04	
INPATIENT CROSSOVERS	2	0	1,680.00	.00	.000	840.00	.47	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	410	1,715	70,725.08	41.24	.477	172.50	19.66	
MEDICAL	250	398	12,844.62	32.27	.111	51.38	3.57	
SURGERY	22	20	4,209.86	210.49	.006	191.36	1.17	
PATHOLOGY	102	357	4,005.45	11.22	.099	39.27	1.11	
RADIOLOGY	43	52	8,879.83	170.77	.014	206.51	2.47	
ROOM USE	254	440	16,583.77	37.69	.122	65.29	4.61	
CROSSOVERS/ALL OTH OUTPTNT	157	448	24,201.55	54.02	.125	154.15	6.73	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU D	EC 2004	PAGE 17,679	
MOP024	FEE-FOR-SERVICE/DENTAL	ı					03/14/05	
VENTURA COUNTY	SUMMARY OF SERVICES FO	R PUBLIC AS	SSISTANCE - BLIND					

----- MONTHLY AVERAGE -----3,597 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 244 1,244 \$ 135,162.33 \$ 108.65 .346 \$ 553.94 \$ 37.58 88

 96,373.00
 1095.15
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 .024 26 COMM HOSP INPATIENT TOTAL 96,373.00 1095.15 3706.65 15 HSC HOSPITALS 86 22.69 1 1 NON-HSC HOSPITALS TOTAL 1.59 ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 ALL OTHER ACCOM 10 ANCILLARIES 0 0 1,156 INPATIENT CROSSOVERS
ALL OTHER INPATIENT 2.50 0 222 COMM HOSP OUTPATIENT TOTAL 10.78 60 87 MEDICAL 25 29 SURGERY 64 314 PATHOLOGY 91 169 55 RADIOLOGY 3.14 105 125 466 0 \$ CROSSOVERS/ALL OTH OUTPTNT 3.24 0 @STATE HOSPITAL .00 0 0 1,189 \$.00 MENTALLY ILL 0 DEVELOP. DISABLED .00 .00 59 .331 \$ 2722.72 \$ @NURSING FACILITY 44.66 0 .000 .00 LEV A-INTERMEDIATE .00 LEV B-REHAB MD 0 .00 .00 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED 0 LEV B-TRANSITIONAL IP CARE 0 .00 .00 1,189 LEV B-REGULAR 59 2722.72 44.66 @INTERMEDIATE CARE FACIL.-DD 644 .179 \$ 5057.25 \$ 30.93

ICF DDH	22	644		111,259.40		172.76	.179		5057.25		30.93
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	179	4,091	\$	206,561.69	\$	50.49	1.137	\$	1153.98	\$	57.43
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	179	4,091		206,561.69		50.49	1.137		1153.98		57.43
@REHABILITATION FACILITY	29	331	\$	5,976.56	\$	18.06	.092	\$	206.09	\$	1.66
HOSPITAL BASED	2	13		362.79		27.91	.004		181.40		.10
INDEPENDENT FACILITY	27	318		5,613.77		17.65	.088		207.92		1.56
@LABORATORY FACILITY	169	859	\$	8,479.67	\$	9.87	.239	\$	50.18	\$	2.36
PATHOLOGY	168	853		8,473.10		9.93	.237		50.44		2.36
XO AND OTHERS	1	6		6.57		1.10	.002		6.57		.00
@ORGANIZED OUTPATIENT CLINIC	108	284	\$	30,075.08	\$	105.90	.079	\$	278.47	\$	8.36
CLINIC	27	55		5,173.96		94.07	.015		191.63		1.44
SURGICENTER	5	9		576.92		64.10	.003		115.38		.16
HEROIN DETOX CLINIC	1	14		175.95		12.57	.004		175.95		.05
RURAL HEALTH CLINIC	77	206		24,148.25		117.22	.057		313.61		6.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2004 THRU 1	DEC	2004	F	AGE 17,680
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASS:	ISTANCE - BLIND							
							MO	TNC	HLY AVERA	GΕ	
3,597 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AV	ERAGE COST	UNITS/DAY:	3	COST PER		COST PER
		OR DAYS OF CARE	3		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	595	125 , 967	\$	284,297.80	\$		35.020	\$	477.81	\$	79.04
DURABLE MED. EQUIP.	39	124		30,341.49		244.69	.034		777.99		8.44
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	122	21,116		73,506.65		3.48	5.870		602.51		20.44
AMBULANCES/AIR TRANS	25	169		3,044.11		18.01	.047		121.76		.85
OTHER TRANS	85	20,831		70,238.43		3.37	5.791		826.33		19.53
OTHER SERVICES	13	116		224.11		1.93	.032		17.24		.06
ACUPUNCTURE	2	16		259.52		16.22	.004		129.76		.07

ADULT DAY HEALTH CARE CTR	91	1,122	77 , 694.78	69.	25 .312	853.79	21.60
GENETIC DISEASE TESTING	1	1	105.00	105.	.000	105.00	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	16	78	7,623.54	97.	.022	476.47	2.12
OCCUPATIONAL THERAPIST	0	0	.00		.000	.00	.00
OPTICIAN	54	132	1,809.32	13.	71 .037	33.51	.50
PHYSICAL THERAPIST	0	0	.00		.000	.00	.00
PORTABLE X-RAY	1	2	1.87		.001	1.87	.00
PROSTHETIST/ORTHOTISTS	15	61	9,294.24	152.	.017	619.62	2.58
PROSTHETICS	6	12	436.25	36.	.003	72.71	.12
ORTHOTICS	9	49	8,857.99	180.	78 .014	984.22	2.46
PSYCHOLOGIST	0	0	.00		.000	.00	.00
SPEECH AND AUDIOLOGY	20	74	4,914.16	66.	.021	245.71	1.37
HOSPICE SERVICES	8	210	30,545.41	145.	15 .058	3818.18	8.49
NONINST BIRTHING CENTERS	0	0	.00		.000	.00	.00
LOCAL EDUCATION AGENCIES	52	7 , 594	17,684.30	2.	33 2.111	340.08	4.92
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.000	.00	.00
ALL OTHER PROVIDERS	241	95 , 437	30 , 517.52		32 26.532	126.63	8.48
@CALIF. CHILDREN SERVICES*	116	33,109	\$ 127,141.62	\$ 3.	9.205	\$ 1096.05	\$ 35.35
@XOVER EXCLUDING STATE HOSP**	717	13,761	\$ 172,734.34	\$ 12.	3.826	\$ 240.91	\$ 48.02

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,681
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

----- MONTHLY AVERAGE -----

133,006 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 106,938 79,221,318.09 @TOTAL, ALL PROVIDERS 4,673,683 \$ 16.95 35.139 \$ 740.82 \$ 595.62 33.50 @PHYSICIANS SERVICES 23,751 97,075 3,251,975.52 \$.730 \$ 136.92 \$ OUTPATIENT VISITS 10,285 14,601 573,617.04 39.29 .110 55.77 4.31 OFFICE VISITS 7,642 10,490 338,171.25 32.24 .079 44.25 259 HOME VISITS 344 40.59 .003 53.91 13,961.83 .10 EMERGENCY ROOM 2,499 3,085 195,415.73 63.34 46.14 53.26 37.24 59.25 63.34 .023 78.20 1.47 23 14 23 1,061.24 PREVENTIVE CARE .000 46.14 .01 29 110.33 OB VISITS/COMPRE PERI 1,544.64 .000 .01 425 630 23,462.35 .005 55.21 OTHER OUTPATIENT .18 2,271 9,645 INPATIENT VISITS 571,502.91 .073 251.65 4.30 1,757 7,688 46.76 204.62 HOSPITAL VISITS 359,524.23 .058 CRITICAL CARE 187 1,042 180,907.32 173.62 .008 967.42 1.36 SNF/ICF/TRANS IP CARE 502 915 31,071.36 33.96 .007 61.90 .23 753 .008 61.51 1,124 46,320.30 41.21 OPHTHALMOLOGICAL SERVICES EXAMINATIONS 750 1,119 46,139.02 41.23 .008 61.52 .35 5 5 181.28 36.26 .000 36.26 SERVICES AND MATERIALS .00 863 8,789 485,166.46 55.20 562.19 INPATIENT HOSPITAL SURGERY .066 584 2,482 376,190.94 151.57 .019 644.16 PRINCIPAL SURGEON 2.83 58 72 13,513.78 187.69 233.00 ASSISTANT SURGEON .001 .10 352 6,235 95,461.74 15.31 271.20 .72 ANESTHESIOLOGIST .047 OUTPATIENT SURGERY 1,368 5,189 330,835.71 63.76 .039 241.84 2.49 1,049 1,463 261,041.26 178.43 248.85 PRINCIPAL SURGEON .011 1.96 8 686.31 85.79 .000 85.79 .01 ASSISTANT SURGEON 383 ANESTHESIOLOGIST 3,718 69,108.14 18.59 .028 180.44 .52 138 420 41,328.28 DIALYSIS 98.40 .003 299.48 .31 14,575 PATHOLOGY 2,267 69,748.06 4.79 .110 30.77

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	4,378	10,356		436,326.47		42.13	.078		99.66		3.28
PSYCHIATRY	4 , 378	10,330		442.66		49.18	.000		55.33		.00
IMMUNIZATION AND INJECTION	418	892		82,956.77		93.00	.007		198.46		.62
OTHER SERVICES/ALL X-OVERS	9,960	31,475		613,730.86		19.50	.237		61.62		4.61
@PHARMACY	84,720	2,191,739	Ś	39,712,853.36	Ś	18.12	16.478	Ś	468.75	Ś	298.58
PRESCRIPTION DRUGS	82,788	347,168	Ÿ	37,930,499.61	Ÿ	109.26	2.610	Y	458.16	Y	285.18
SNF/ICF	4,917	33,340		3,166,615.56		94.98	.251		644.01		23.81
OUTPATIENTS	78,881	313,828		34,763,884.05		110.77	2.360		440.71		261.37
MEDICAL SUPPLIES	9,671	1,844,571		1,782,353.75		.97	13.868		184.30		13.40
@DENTIST	7,932	36,069	\$		\$	34.02	.271	\$	154.69	ċ	9.23
VISITS - DIAGNOSTIC	•	•	Ą	1,227,036.30 304,113.78	ş			Ą	54.52	Ą	2.29
	5 , 578	24,280		•		12.53	.183				
ORAL SURGERY	1,126	2,701		154,011.55		57.02	.020		136.78		1.16
DRUGS	37	55		980.00		17.82	.000		26.49		.01
ANESTHESIA	18	18		1,600.00		88.89	.000		88.89		.01
PERIODONTICS	829	860		90,835.70		105.62	.006		109.57		.68
ENDODONTICS	489	710		145,345.25		204.71	.005		297.23		1.09
RESTORATIVE DENTISTRY	1 , 972	5 , 217		325 , 780.00		62.45	.039		165.20		2.45
PROSTHETICS	99	106		3 , 148.50		29.70	.001		31.80		.02
DENTURES, STAYPLATES	613	1,813		192,986.04		106.45	.014		314.82		1.45
SPACE MAINTAINERS	5	6		720.00		120.00	.000		144.00		.01
MAXILLOFACIAL SERVICES	24	26		2,447.98		94.15	.000		102.00		.02
FRACTURES, DISLOCATIONS	1	1		400.00		400.00	.000		400.00		.00
ORTHODONTIC SERVICES	65	90		4,207.50		46.75	.001		64.73		.03
ALL OTHER SERVICES	190	186		460.00		2.47	.001		2.42		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES N	MONTH-OF-PAYMENT RE	EPOR	r for Jan	2004 THRU	DEC	2004	P.	AGE 17,682
MOP024	FEE-FOR-SERVICE/DE	ENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICE	ES FOR PUBLIC	ASSI	ISTANCE - DISABLED							

VENTORA COUNTI	SOMMAN OF SER	VICES FOR TOBLE	MODI	STANCE DISABBED				O 3 T F		о п	
133,006 ELIGIBLES	USERS	INTEG OF CEDITO		EXPENDITURES	7.7.7	ERAGE COST			THLY AVERA COST PER	GE	COST PER
133,000 ELIGIBLES	USEKS	UNITS OF SERVIC OR DAYS OF CAR		EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
OODEOMEEDIOE	2 050			222 025 22		- ,	_			_	-
@OPTOMETRIST	3,850	11,035	\$	233,935.33	\$	21.20	.083	Þ		Þ	1.76
DIAGNOSTIC AND ANC. PROCED	1,819	1,987		78,203.17		39.36	.015		42.99		.59
EYE APPLIANCES	3,013	8,569		146,683.93		17.12	.064		48.68		1.10
OTHER OPTOMETRIC SERVICES	285	479		9,048.23		18.89	.004		31.75		.07
@CHIROPRACTOR	220	442	\$		\$.003	\$		\$.05
VISITS	205	412		6 , 750.70		16.39	.003		32.93		.05
OTHER SERVICES	15	30		369.88		12.33	.000		24.66		.00
@PODIATRIST	2,041	3 , 534	\$	67,468.28	\$	19.09	.027	\$	33.06	\$.51
MEDICINE/INJECTIONS	969	1,127		32 , 529.71		28.86	.008		33.57		.24
SURGERY/ANES.	105	124		1,821.52		14.69	.001		17.35		.01
RADIO./PATHOLOGY	116	203		3,619.18		17.83	.002		31.20		.03
OTHER	1,148	2,080		29,497.87		14.18	.016		25.70		.22
@HOME HEALTH AGENCY	480	15,594	\$	513,343.49	\$	32.92	.117	\$	1069.47	\$	3.86
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	29,966	152,601	\$	13,756,563.20	\$	90.15	1.147	\$	459.07	\$	103.43
HOSP INPATIENT TOTAL	1,820	7,449		9,303,796.57		1249.00	.056		5111.98		69.95
HSC HOSPITALS	1,273	6,882		7,881,817.39		1145.28	.052		6191.53		59.26
NON-HSC HOSPITAL TOTAL	72	567		894,240.50		1577.14	.004		12420.01		6.72
ACCOMMODATIONS	72	567		268,237.43		473.08	.004		3725.52		2.02
ADMINISTRATIVE DAYS	8	81		15,159.15		187.15	.001		1894.89		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	65	486		253,078.28		520.74	.004		3893.51		1.90
ANCILLARIES	72	0		626,003.07		.00	.000		8694.49		4.71
	, 2	ŭ		020,000.07		• • •					

INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY	496	0	527,738.68	.00	.000	1063.99	3.97	
ALL OTHER INPATIENT	0	0	.00	.00 30.68	.000	.00	.00	
HOSP OUTPATIENT TOTAL	28,988	145,152	4,452,766.63	30.68	1.091	153.61	33.48	
MEDICAL	16 , 597	28 , 779	942,164.73	32.74 70.06 10.91	.216	56.77 85.95	7.08	
SURGERY	1,424	1,747	122,388.78	70.06	.013	85.95	.92	
PATHOLOGY	7,234	33,472	365,136.11	10.91	.252	50.47	2.75	
RADIOLOGY	4,777 17,613	7,434	744,948.23	100.21	.056	155.94	5.60	
ROOM USE	17.613	28.371	744,948.23 1,050,204.71	100.21 37.02	.213	155.94 59.63	7.90	
CROSSOVERS/ALL OTH OUTPTNT	11 435	45 349	1,227,924.07	27.08	.341	107.38	9.23	
CROSSOVERS/ALL OTH OUTPINT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	21 011	88 407 S	1,227,924.07 5,776,033.10	\$ 65.33	665	\$ 274.91		
CO HOSDITAL INDATIFAT TOTAL	571	2 577	2,799,406.71	1086.30	.019	4902.64	21.05	
HSC HOSPITALS	571	2,466	2,724,719.60	1100.30	.019	5102.47		
NON HOS HOSPITALS	534 11	2,466 111		1104.91 372.21	.019		.31	
NON-HSC HOSPITALS TOTAL	11	111	41,314.92	3/2.21		3755.90		
ACCOMMODATIONS	11	111	25,409.97	228.92	.001	2310.00	.19	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	111 0 0	.00 25,409.97	.00	.000	.00	.00	
ALL OTHER ACCOM	11	111	25,409.97	228.92	.001	2310.00	.19	
ANCILLARIES	11	0	15,904,95	.00		1445.90	.12	
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	31	0 0 85,830	33,372.19	.00	.000	1076.52 .00 142.90	.25	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	20,830	85 , 830	2,976,626.39	34.68	.645	142.90	22.38	
MEDICAL	13,414	21,969	782,086.02	35.60	.165	58.30	5.88	
SURGERY	704	21 , 969 916	89,603.27	34.68 35.60 97.82 11.33 110.54	.007	142.90 58.30 127.28	.67	
PATHOLOGY		15,019	170,201.51 429,873.62	11.33	.113	40.45	1.28	
RADIOLOGY	4,208 2,662	3,889	429,873.62	110.54	.029	40.45 161.49	3.23	
ROOM USE	13,670	20,900	781,717.94	37.40	. 157	57.18	5.88	
CROSSOVERS/ALL OTH OUTPINT		23,137	723,144.03	31.25	.174	111.65	5.44	
#CALIF DEPT OF HEALTH SERV MI							PAGE 17,683	
	EE-FOR-SERVICE		MONTH OF THIRDNE IN	JIONI ION OIN 2	.ooi iiiko L	LC 2001	03/14/05	
		/ICES FOR PUBLIC ASS	TSTANCE - DISABLED				03/11/03	
VENTORA COUNTI	OFMART OF SERV	TCES FOR TODLIC ASS.	ISTANCE DISABLED		MC	NTHLY AVERA	CF	
133,006 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER	
133,000 EDIGIDEES	OSERS	OR DAYS OF CARE	EXTENDITORES	PER UNIT/DAY		USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	11 046	64,194 \$	7,980,530.10			\$ 722.48		
COMM HOCD INDICATE TOTAL	1,277							
COMM HOSP INPATIENT TOTAL	1,2//	4,872	6,504,389.86	1333.00	.037			
HSC HOSPITALS	762 61 61 8 0 54	4,416	5,157,097.79	1335.06 1167.82 1870.45	.033	6767.84	38.77 6.41	
NON-HSC HOSPITALS TOTAL	61	456	852,925.58	18/0.45	.003			
ACCOMMODATIONS	61	456	242,827.46	532.52 187.15 .00	.003	3980.78	1.83	
ADMINISTRATIVE DAYS	8	81 0 375 0 0 0 59,322	15,159.15	187.15	.001	1894.89	.11	
TRANSITIONAL IP CARE	0	0	.00			.00	.00	
ALL OTHER ACCOM	54	375	227,668.31 610,098.12	607.12	.003	4216.08	1.71	
ANCILLARIES	61	0	610,098.12			10001.61	4.59	
INPATIENT CROSSOVERS ALL OTHER INPATIENT	466	0	494,366.49	.00	.000	1060.87	3.72	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	10,075	59 , 322	1,476,140.24	24.88	.446	146.52	11.10	
MEDICAL	2 2 4 7	6,810	160,078.71			40.56	1.20	
SURGERY	3,947	0,010	100,070.71	23.51	.051	40.50		
PATHOLOGY	3,947 729	831		39.45				
FAIIIOLOGI	3,94/						.25 1.47	
RADIOLOGY	3,947 729 3,214	831 18,453	32,785.51	39.45	.006	44.97	.25	
	3,947 729 3,214 2,227	831 18,453 3,545	32,785.51 194,934.60 315,074.61	39.45 10.56 88.88	.006 .139	44.97 60.65	.25 1.47	
RADIOLOGY ROOM USE	3,947 729 3,214 2,227 4,920	831 18,453 3,545 7,471	32,785.51 194,934.60 315,074.61 268,486.77	39.45 10.56 88.88 35.94	.006 .139 .027 .056	44.97 60.65 141.48 54.57	.25 1.47 2.37 2.02	
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	3,947 729 3,214 2,227 4,920 5,297	831 18,453 3,545 7,471 22,212	32,785.51 194,934.60 315,074.61 268,486.77 504,780.04	39.45 10.56 88.88 35.94 22.73	.006 .139 .027 .056 .167	44.97 60.65 141.48 54.57 95.30	.25 1.47 2.37 2.02 3.80	
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	3,947 729 3,214 2,227 4,920 5,297 20	831 18,453 3,545 7,471 22,212 610 \$	32,785.51 194,934.60 315,074.61 268,486.77 504,780.04 387,930.48	39.45 10.56 88.88 35.94 22.73 \$ 635.95	.006 .139 .027 .056 .167	44.97 60.65 141.48 54.57 95.30 \$ 19396.52	.25 1.47 2.37 2.02 3.80 \$ 2.92	
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	3,947 729 3,214 2,227 4,920 5,297 20 0	831 18,453 3,545 7,471 22,212 610 \$	32,785.51 194,934.60 315,074.61 268,486.77 504,780.04 387,930.48	39.45 10.56 88.88 35.94 22.73 \$ 635.95	.006 .139 .027 .056 .167 .005	44.97 60.65 141.48 54.57 95.30 \$ 19396.52	.25 1.47 2.37 2.02 3.80 \$ 2.92 .00	
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	3,947 729 3,214 2,227 4,920 5,297 20 0	831 18,453 3,545 7,471 22,212 610 \$ 0 610	32,785.51 194,934.60 315,074.61 268,486.77 504,780.04 387,930.48 .00 387,930.48	39.45 10.56 88.88 35.94 22.73 \$ 635.95 .00 635.95	.006 .139 .027 .056 .167 .005 .000	44.97 60.65 141.48 54.57 95.30 \$ 19396.52 .00 19396.52	.25 1.47 2.37 2.02 3.80 \$ 2.92 .00 2.92	
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	3,947 729 3,214 2,227 4,920 5,297 20 0	831 18,453 3,545 7,471 22,212 610 \$	32,785.51 194,934.60 315,074.61 268,486.77 504,780.04 387,930.48	39.45 10.56 88.88 35.94 22.73 \$ 635.95	.006 .139 .027 .056 .167 .005 .000	44.97 60.65 141.48 54.57 95.30 \$ 19396.52	.25 1.47 2.37 2.02 3.80 \$ 2.92 .00 2.92	

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LEV A-INTERMEDIATE

0

0

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	24	643		395,577.84		615.21	.005		16482.41		2.97
LEV B-SUBACUTE HSPTL BASED	25	1,213		659,212.27		543.46	.009		26368.49		4.96
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	993	24 , 991		3,389,254.02		135.62	.188		3413.15		25.48
@INTERMEDIATE CARE FACILDD	1,153	34,984	\$	6,215,169.91	\$	177.66	.263	\$	5390.43	\$	46.73
ICF DDH	822	24,857		4,186,775.83		168.43	.187		5093.40		31.48
ICF DD	39	1,262		186,249.78		147.58	.009		4775.64		1.40
ICF DDN/DDCN	293	8,865		1,842,144.30		207.80	.067		6287.18		13.85
@HEMODIALYSIS TOTAL	1,281	14,634	\$	1,145,034.67	\$	78.24	.110	\$	893.86	\$	8.61
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1,281	14,634		1,145,034.67		78.24	.110		893.86		8.61
@REHABILITATION FACILITY	1,167	13 , 278	\$	234,467.00	\$	17.66	.100	\$	200.91	\$	1.76
HOSPITAL BASED	372	2,309		55,277.86		23.94	.017		148.60		.42
INDEPENDENT FACILITY	798	10,969		179,189.14		16.34	.082		224.55		1.35
@LABORATORY FACILITY	7,822	34,760	\$	367,854.52	\$	10.58	.261	\$	47.03	\$	2.77
PATHOLOGY	7,790	34,683		367,182.33		10.59	.261		47.14		2.76
XO AND OTHERS	33	77		672.19		8.73	.001		20.37		.01
@ORGANIZED OUTPATIENT CLINIC	4,902	9 , 877	\$	845,035.20	\$	85.56	.074	\$	172.39	\$	6.35
CLINIC	802	1,265		55,933.47		44.22	.010		69.74		.42
SURGICENTER	183	548		20,914.76		38.17	.004		114.29		.16
HEROIN DETOX CLINIC	14	185		2,243.56		12.13	.001		160.25		.02
RURAL HEALTH CLINIC	4,011	7 , 879		765,943.41		97.21	.059		190.96		5.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	IONTH-OF-PAYMENT	REPORT	' FOR JAN	2004 THRU	DEC	2004	P.	AGE 17,684
MOP024	FEE-FOR-SERVICE/DE	INTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICE	S FOR PUBLIC	ASSI	STANCE - DISABLE	D						

VENTORA COUNTI	DOMMANT OF DEN	VICES FOR TODDIC ASSI	STANCE DISABLED				
					MON		-
133,006 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@ALL OTHER PROVIDERS	18 , 953	2,030,603 \$	6,811,465.17	\$ 3.35	15.267 \$		•
DURABLE MED. EQUIP.	1,321	4,956	778 , 958.58	157.17	.037	589.67	5.86
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	54	104	10,200.45	98.08	.001	188.90	.08
MEDICAL TRANSPORTATION	2 , 753	137,333	721,517.88	5.25	1.033	262.08	5.42
AMBULANCES/AIR TRANS	1,930	20,451	298,489.99	14.60	.154	154.66	2.24
OTHER TRANS	497	113,353	396 , 901.06	3.50	.852	798.59	2.98
OTHER SERVICES	349	3 , 529	26,126.83	7.40	.027	74.86	.20
ACUPUNCTURE	123	318	5,489.24	17.26	.002	44.63	.04
ADULT DAY HEALTH CARE CTR	2 , 972	31,369	2,177,183.28	69.41	.236	732.57	16.37
GENETIC DISEASE TESTING	18	18	1,890.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	491	22,909	813,988.95	35.53	.172	1657.82	6.12
OCCUPATIONAL THERAPIST	9	86	1,157.54	13.46	.001	128.62	.01
OPTICIAN	3,065	7,302	83,486.63	11.43	.055	27.24	.63
PHYSICAL THERAPIST	9	18	89.39	4.97	.000	9.93	.00
PORTABLE X-RAY	120	299	7,117.48	23.80	.002	59.31	.05
PROSTHETIST/ORTHOTISTS	329	1,724	220,240.64	127.75	.013	669.42	1.66
PROSTHETICS	147	639	80,885.43	126.58	.005	550.24	.61
ORTHOTICS	185	1,085	139,355.21	128.44	.008	753.27	1.05
PSYCHOLOGIST	67	243	9,320.97	38.36	.002	139.12	.07
SPEECH AND AUDIOLOGY	1,057	3,636	179,211.60	49.29	.027	169.55	1.35
HOSPICE SERVICES	105	2,583	320,186.83	123.96	.019	3049.40	2.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3 , 395	204,984	760,545.29	3.71	1.541	224.02	5.72
EPSDT SUPPLEMENTAL SERVICE	2	51	275.58	5.40	.000	137.79	.00
RESPIRATORY CARE PRACT.	1	1	20.95	20.95	.000	20.95	.00
PED SUBACUTE REHAB/WEANING	9	356	14,314.76	40.21	.003	1590.53	.11

ALL OTHER PROVIDERS	4,989	1,612,314	706,290.08	.44	12.122	141.57	5.31
@CALIF. CHILDREN SERVICES*	3,543	231,565	\$ 5,903,651.79	\$ 25.49	1.741	\$ 1666.29 \$	44.39
@XOVER EXCLUDING STATE HOSP**	17 , 984	198,387	\$ 2,843,817.38	\$ 14.33	1.492	\$ 158.13 \$	21.38

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,685 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					MC	NTHLY AVERA	ιGΕ	
171,604 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	84,013	466,850	\$ 19,635,401.95	\$ 42.06	2.721	\$ 233.72	\$	114.42
@PHYSICIANS SERVICES	21,535	51,383	\$ 2,167,878.21	\$ 42.19	.299	\$ 100.67	\$	12.63
OUTPATIENT VISITS	15,833	20,216	733,654.17	36.29	.118	46.34		4.28
OFFICE VISITS	11,395	14,241	451,312.51	31.69	.083	39.61		2.63
HOME VISITS	14	14	602.56	43.04	.000	43.04		.00
EMERGENCY ROOM	3,934	4,370	217,932.23	49.87	.025	55.40		1.27
PREVENTIVE CARE	372	377	15,704.46	41.66	.002	42.22		.09
OB VISITS/COMPRE PERI	243	625	28,467.20	45.55	.004	117.15		.17
OTHER OUTPATIENT	499	589	19,635.21	33.34	.003	39.35		.11
INPATIENT VISITS	1,037	3,803	301,133.43	79.18	.022	290.39		1.75
HOSPITAL VISITS	947	2,514	119,181.63	47.41	.015	125.85		.69
CRITICAL CARE	147	1,261	180,859.33	143.43	.007	1230.34		1.05
SNF/ICF/TRANS IP CARE	11	28	1,092.47	39.02	.000	99.32		.01
OPHTHALMOLOGICAL SERVICES	173	237	9,843.71	41.53	.001	56.90		.06
EXAMINATIONS	170	233	9,753.13	41.86	.001	57.37		.06
SERVICES AND MATERIALS	4	4	90.58	22.65	.000	22.65		.00
INPATIENT HOSPITAL SURGERY	983	5 , 506	485,097.09	88.10	.032	493.49		2.83
PRINCIPAL SURGEON	612	736	381,120.50	517.83	.004	622.75		2.22
ASSISTANT SURGEON	67	67	13,444.72	200.67	.000	200.67		.08
ANESTHESIOLOGIST	419	4,703	90,531.87	19.25	.027	216.07		.53

OUTPATIENT SURGERY	1,147	3 , 317		172,099.22		51.88	.019		150.04		1.00
PRINCIPAL SURGEON	961	1,158		140,836.19		121.62	.007		146.55		.82
ASSISTANT SURGEON	6	6		569.68		94.95	.000		94.95		.00
ANESTHESIOLOGIST	281	2,153		30,693.35		14.26	.013		109.23		.18
DIALYSIS	5	23		964.68		41.94	.000		192.94		.01
PATHOLOGY	2,577	7,395		49,493.91		6.69	.043		19.21		.29
RADIOLOGY	4,250	6,547		192,312.02		29.37	.038		45.25		1.12
PSYCHIATRY	2	2		93.56		46.78	.000		46.78		.00
IMMUNIZATION AND INJECTION	603	1,133		119,447.75		105.43	.007		198.09		.70
OTHER SERVICES/ALL X-OVERS	1,605	3,204		103,738.67		32.38	.019		64.63		.60
@PHARMACY	37,629	118,493	\$	4,786,908.86	\$	40.40	.691	Ś	127.21	Ś	27.90
PRESCRIPTION DRUGS	37 , 329	89,009	۲	4,663,885.37	Y	52.40	.519	۲	124.94	Ψ	27.18
SNF/ICF	92	600		35,905.66		59.84	.003		390.28		.21
OUTPATIENTS	37 , 279	88,409		4,627,979.71		52.35	.515		124.14		26.97
MEDICAL SUPPLIES	975	29,484		123,023.49		4.17	.172		124.14		.72
@DENTIST	9 , 785	59,404	\$	1,523,620.36	\$	25.40	.350	Ċ		Ċ	8.88
			ې		ې	12.54		۲	71.79	ې	3.13
VISITS - DIAGNOSTIC	7,484	42,845		537,245.19			.250				
ORAL SURGERY	1,331	2,603		150,148.30		57.68	.015		112.81		.87
DRUGS	273	334		6,695.26		20.05	.002		24.52		.04
ANESTHESIA	28	60		2,495.00		41.58	.000		89.11		.01
PERIODONTICS	267	270		29,116.50		107.84	.002		109.05		.17
ENDODONTICS	846	1,631		176,376.10		108.14	.010		208.48		1.03
RESTORATIVE DENTISTRY	3,333	10,966		533 , 599.05		48.66	.064		160.10		3.11
PROSTHETICS	39	41		735.00		17.93	.000		18.85		.00
DENTURES, STAYPLATES	62	207		24,890.00		120.24	.001		401.45		.15
SPACE MAINTAINERS	124	168		17,109.00		101.84	.001		137.98		.10
MAXILLOFACIAL SERVICES	22	27		2 , 866.16		106.15	.000		130.28		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	505	578		39,845.00		68.94	.000		.00 78.90		.23
,	•										.23 .01
ORTHODONTIC SERVICES	505 228	578 260	RES M	39,845.00	EPORT	68.94 9.61	.003	DEC	78.90 10.96	P.	.23
ORTHODONTIC SERVICES ALL OTHER SERVICES	505 228	578 260 CES AND EXPENDITU	RES M	39,845.00 2,499.80	EPORT	68.94 9.61	.003	DEC	78.90 10.96	P.	.23 .01
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	505 228 MEDI-CAL SERVICE FEE-FOR-SERVICE	578 260 CES AND EXPENDITU E/DENTAL		39,845.00 2,499.80	EPORT	68.94 9.61	.003	DEC	78.90 10.96	P.	.23 .01 AGE 17,686
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	505 228 MEDI-CAL SERVICE FEE-FOR-SERVICE	578 260 CES AND EXPENDITU E/DENTAL		39,845.00 2,499.80 ONTH-OF-PAYMENT RE	EPORT	68.94 9.61	.003		78.90 10.96 2004		.23 .01 AGE 17,686
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	505 228 MEDI-CAL SERVICE FEE-FOR-SERVICE	578 260 CES AND EXPENDITU E/DENTAL	ASSI	39,845.00 2,499.80 ONTH-OF-PAYMENT RE		68.94 9.61	.003 .002 004 THRU	ONT	78.90 10.96 2004	GE	.23 .01 AGE 17,686
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY	505 228 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	578 260 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC	ASSI:	39,845.00 2,499.80 ONTH-OF-PAYMENT RE	AVEI	68.94 9.61 FOR JAN 2	.003 .002 004 THRU	ONT!	78.90 10.96 2004 HLY AVERA	GE	.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY	505 228 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	578 260 CES AND EXPENDITURE JOINTAL JUNITS OF SERVICE JUNITS OF SERVICE JUNITS OF SERVICE	ASSI:	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66	AVEI	68.94 9.61 FOR JAN 2	.003 .002 004 THRU	ONT! S (78.90 10.96 2004 HLY AVERA COST PER	GE	.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES	505 228 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVICE USERS	578 260 CES AND EXPENDITURE CHARL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CAR	ASSI E E	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66	AVEF PER	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY	.003 .002 004 THRU M UNITS/DAY PER ELIG	ONT! S (78.90 10.96 2004 HLY AVERA COST PER USER	GE	.23 .01 AGE 17,686 03/14/05 COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST	505 228 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVICE USERS	578 260 CES AND EXPENDITURE E/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536	ASSI E E	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES	AVEF PER	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85	.003 .002 004 THRU M UNITS/DAY PER ELIG .044	ONT! S (78.90 10.96 2004 HLY AVERA COST PER USER 63.61	GE	.23 .01 AGE 17,686 03/14/05 COST PER ELIGIBLE 1.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	505 228 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERVICE USERS 2,707 2,099	578 260 CES AND EXPENDITURE E/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536 2,250	ASSI E E	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73	AVEF PER	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013	ONT! S (78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49	GE	.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	505 228 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERVICE USERS 2,707 2,099 1,849	578 260 CES AND EXPENDITURE E/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536 2,250 5,218	ASSI E E	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22	AVEF PER	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030	ONTI S (78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60	GE \$.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	505 228 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERVICE USERS 2,707 2,099 1,849 57 199	578 260 CES AND EXPENDITURE E/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536 2,250 5,218 68	ASSI E E \$	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71	AVEF PER \$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000	ONTI S (78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70	GE \$.23 .01 AGE 17,686 03/14/05 COST PER ELIGIBLE 1.00 .53 .46 .01
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	505 228 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERVICE USERS 2,707 2,099 1,849 57	578 260 CES AND EXPENDITURE E/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536 2,250 5,218 68 308	ASSI E E \$	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71 5,095.42	AVEF PER \$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60 16.54	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000 .002	ONTI S (78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70 25.61	GE \$.23 .01 AGE 17,686 03/14/05 COST PER ELIGIBLE 1.00 .53 .46 .01 .03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	505 228 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,707 2,099 1,849 57 199 199	578 260 CES AND EXPENDITURE E/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536 2,250 5,218 68 308 308 308	ASSI E E \$	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71 5,095.42 5,095.42	AVEF PER \$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60 16.54 16.54 .00	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000 .002 .002	ONTI S (\$	78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70 25.61 25.61	GE \$.23 .01 AGE 17,686 03/14/05 COST PER ELIGIBLE 1.00 .53 .46 .01 .03 .03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	505 228 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,707 2,099 1,849 57 199 199 0	578 260 CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536 2,250 5,218 68 308 308 0 6,011	ASSI E E \$	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71 5,095.42 5,095.42 .00 203,451.45	AVEF PER \$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60 16.54 16.54 .00 33.85	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000 .002 .002 .002	ONTI S (\$	78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70 25.61 25.61 .00 124.97	GE \$.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	505 228 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,707 2,099 1,849 57 199 199 0 1,628 1,499	578 260 CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536 2,250 5,218 68 308 308 0 6,011 1,785	ASSI E E \$	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71 5,095.42 5,095.42 .00 203,451.45 64,744.32	AVEF PER \$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60 16.54 16.54 .00 33.85 36.27	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000 .002 .002 .002	ONTI S (\$	78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70 25.61 25.61 .00 124.97 43.19	GE \$.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	505 228 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,707 2,099 1,849 57 199 199 0	578 260 CES AND EXPENDITURE E/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536 2,250 5,218 68 308 308 308 0 6,011 1,785 689	ASSI E E \$	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71 5,095.42 5,095.42 5,095.42 .00 203,451.45 64,744.32 8,868.79	AVEF PER \$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60 16.54 16.54 .00 33.85 36.27 12.87	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000 .002 .002 .002 .000 .035 .010	ONTI S (\$	78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70 25.61 25.61 .00 124.97 43.19 14.21	GE \$.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	505 228 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 2,707 2,099 1,849 57 199 199 0 1,628 1,499 624 962	578 260 CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536 2,250 5,218 68 308 308 0 6,011 1,785 689 1,817	ASSI E E \$	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71 5,095.42 5,095.42 5,095.42 000 203,451.45 64,744.32 8,868.79 32,312.82	AVEF PER \$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60 16.54 16.54 .00 33.85 36.27 12.87 17.78	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000 .002 .002 .002 .000 .035 .010 .004	ONTI S (\$	78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70 25.61 25.61 .00 124.97 43.19 14.21 33.59	GE \$.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	505 228 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVIC 2,707 2,099 1,849 57 199 199 0 1,628 1,499 624 962 1,072	578 260 CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536 2,250 5,218 68 308 308 0 6,011 1,785 689 1,817 1,720	ASSI E E \$ \$	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71 5,095.42 5,095.42 5,095.42 000 203,451.45 64,744.32 8,868.79 32,312.82 97,525.52	AVEFPER\$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60 16.54 16.54 .00 33.85 36.27 12.87 17.78 56.70	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000 .002 .002 .002 .000 .035 .010 .004	ONTI	78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70 25.61 25.61 .00 124.97 43.19 14.21 33.59 90.98	GE \$ \$.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	505 228 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVIC 2,707 2,099 1,849 57 199 199 0 1,628 1,499 624 962 1,072 53	578 260 CES AND EXPENDITURE E/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 7,536 2,250 5,218 68 308 308 0 6,011 1,785 689 1,817 1,720 169	ASSI E E \$ \$ \$	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71 5,095.42 5,095.42 5,095.42 00 203,451.45 64,744.32 8,868.79 32,312.82 97,525.52 11,053.81	AVEFPER\$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60 16.54 .00 33.85 36.27 12.87 17.78 56.70 65.41	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000 .002 .002 .002 .000 .035 .010 .004 .011	ONT;	78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70 25.61 25.61 .00 124.97 43.19 14.21 33.59 90.98 208.56	GE \$ \$.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	505 228 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVIC 2,707 2,099 1,849 57 199 0 1,628 1,499 624 962 1,072 53 2	578 260 CES AND EXPENDITURE E/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 7,536 2,250 5,218 68 308 308 0 6,011 1,785 689 1,817 1,720 169 7	ASSI E E E \$ \$ \$	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71 5,095.42 5,095.42 00 203,451.45 64,744.32 8,868.79 32,312.82 97,525.52 11,053.81 127.00	AVEFPER\$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60 16.54 .00 33.85 36.27 12.87 17.78 56.70 65.41 18.14	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000 .002 .002 .002 .000 .035 .010 .004 .011 .010	ONTI	78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70 25.61 25.61 .00 124.97 43.19 14.21 33.59 90.98 208.56 63.50	GE S S S SS	.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	505 228 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 2,707 2,099 1,849 57 199 0 1,628 1,499 624 962 1,072 53 2	578 260 CES AND EXPENDITURE E/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARE 7,536 2,250 5,218 68 308 308 0 6,011 1,785 689 1,817 1,720 169 7 85	ASSI E E E \$ \$ \$	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71 5,095.42 5,095.42 00 203,451.45 64,744.32 8,868.79 32,312.82 97,525.52 11,053.81 127.00 4,299.64	AVER PER \$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60 16.54 16.54 .00 33.85 36.27 12.87 17.78 56.70 65.41 18.14 50.58	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000 .002 .002 .002 .000 .035 .010 .011 .010	ONT:	78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70 25.61 25.61 .00 124.97 43.19 14.21 33.59 90.98 208.56 63.50 390.88	E o o o o	.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	505 228 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 2,707 2,099 1,849 57 199 0 1,628 1,499 624 962 1,072 53 2 11 9	578 260 CES AND EXPENDITURE E/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536 2,250 5,218 68 308 308 0 6,011 1,785 689 1,817 1,720 169 7 85 19	ASSI E E E S S S S S S S S S S S S S S S	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71 5,095.42 5,095.42 5,095.42 .00 203,451.45 64,744.32 8,868.79 32,312.82 97,525.52 11,053.81 127.00 4,299.64 673.62	AVER PER \$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60 16.54 16.54 .00 33.85 36.27 12.87 17.78 56.70 65.41 18.14 50.58 35.45	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000 .002 .002 .002 .000 .035 .010 .011 .010 .001	ONTI	78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70 25.61 .00 124.97 43.19 14.21 33.59 90.98 208.56 63.50 390.88 74.85	E S S S S S S S S S S S S S S S S S S S	.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	505 228 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1,099 1,849 57 199 1,628 1,499 624 962 1,072 53 2 11 9 2	578 260 CES AND EXPENDITURE E/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536 2,250 5,218 68 308 308 0 6,011 1,785 689 1,817 1,720 169 7 85 19	ASSI E E S S S SSSSS	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71 5,095.42 5,095.42 000 203,451.45 64,744.32 8,868.79 32,312.82 97,525.52 11,053.81 127.00 4,299.64 673.62 136.15	AVER PER \$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60 16.54 16.54 .00 33.85 36.27 12.87 17.78 56.70 65.41 18.14 50.58 35.45 27.23	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000 .002 .002 .002 .000 .035 .010 .004 .011 .010 .001 .000	ONT S	78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70 25.61 .00 124.97 43.19 14.21 33.59 90.98 208.56 63.50 390.88 74.85 68.08	E S S S S S S S S S S S S S S S S S S S	.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	505 228 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1,099 1,849 57 199 1,628 1,499 624 962 1,072 53 2 11 9 2 27,464	578 260 CES AND EXPENDITURE E/DENTAL FICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536 2,250 5,218 68 308 0 6,011 1,785 689 1,817 1,720 169 7 85 19 5	ASSI E E E S S S S S S S S S S S S S S S	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71 5,095.42 5,095.42 5,095.42 000 203,451.45 64,744.32 8,868.79 32,312.82 97,525.52 11,053.81 127.00 4,299.64 673.62 136.15 8,195,836.60	AVER PER \$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60 16.54 16.54 .00 33.85 36.27 12.87 17.78 56.70 65.41 18.14 50.58 35.45 27.23 77.51	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000 .002 .002 .000 .035 .010 .004 .011 .010 .001 .001 .000 .000	ONTI	78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70 25.61 25.61 .00 124.97 43.19 14.21 33.59 90.98 208.56 63.50 390.88 74.85 68.08 298.42	E S S S S S S S S S S S S S S S S S S S	.23 .01 AGE 17,686 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	505 228 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1,099 1,849 57 199 1,628 1,499 624 962 1,072 53 2 11 9 2	578 260 CES AND EXPENDITURE E/DENTAL VICES FOR PUBLIC UNITS OF SERVICE OR DAYS OF CARD 7,536 2,250 5,218 68 308 308 0 6,011 1,785 689 1,817 1,720 169 7 85 19	ASSI E E S S S SSSSS	39,845.00 2,499.80 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 172,195.66 91,287.73 78,759.22 2,148.71 5,095.42 5,095.42 000 203,451.45 64,744.32 8,868.79 32,312.82 97,525.52 11,053.81 127.00 4,299.64 673.62 136.15	AVER PER \$	68.94 9.61 FOR JAN 2 RAGE COST UNIT/DAY 22.85 40.57 15.09 31.60 16.54 16.54 .00 33.85 36.27 12.87 17.78 56.70 65.41 18.14 50.58 35.45 27.23	.003 .002 004 THRU M UNITS/DAY PER ELIG .044 .013 .030 .000 .002 .002 .002 .000 .035 .010 .004 .011 .010 .001 .000	ONT S	78.90 10.96 2004 HLY AVERA COST PER USER 63.61 43.49 42.60 37.70 25.61 .00 124.97 43.19 14.21 33.59 90.98 208.56 63.50 390.88 74.85 68.08	E S S S S S S S S S S S S S S S S S S S	.23 .01 AGE 17,686 03/14/05

NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	31	171	397,197.79	2322.79	.001	12812.83	2.31
ACCOMMODATIONS	31	171	397,197.79 105,375.91 4,163.40 .00 101,212.51 291,821.88 20,988.00 .00 3,283,388.31 937,704.80 101.820.41	616.23	.001	3399.22	.61
ADMINISTRATIVE DAYS	1	18	4,163.40	231.30	.000	4163.40	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	30	153	101,212.51	661.52	.001	.00 3373.75	.59
ANCILLARIES	31	0	291,821.88	.00	.000	9413.61	1.70
INPATIENT CROSSOVERS	3	0	20,988.00	.00	.000	6006 00	1.0
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	26,943	101,944	3,283,388.31	32.21	.594	121.86	19.13
MEDICAL	19,262	27.514	937,704.80	34.08	.160	48.68	5.46
SURGERY	1,606	1,818	101.820.41	56.01	.011	63.40	.59
SURGERY PATHOLOGY RADIOLOGY ROOM USE	7.049	22.747	230.798 17	10 15	133	121.86 48.68 63.40 32.74 95.57 49.52	1.34
RADIOLOGY	4.442	6-132	424.506.82	69 23	036	95 57	2.47
ROOM HIGE	23 022	31 264	1 139 962 28	36.46	182	49 52	6.64
CROSSOVERS/ALL OTH OUTPTNT	5 561	12 /69	1/10/,002.20	35.40	.073	80.67	2.61
@COUNTY HOSPITAL TOTAL	15 580	51 586 °	3 572 626 88	\$ 60.26	301	\$ 229.18	
CO HOODITAL INDATERED TOTAL	10,009	1 226	1 760 550 64	1222 76	.008		
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	369	1 326	3,283,388.31 937,704.80 101,820.41 230,798.17 424,506.82 1,139,962.28 448,595.83 3,572,626.88 1,768,559.64 1,767,719.64 .00 .00 .00	1333.70	.008	4792.84 4803.59	10.31
NON HOS HOSDIMALS MOMAL	300	1,320	1,767,719.64	1333.12	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00 .00 .840.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	1	0	840.00	.00 .00 .00 .00 .35.89 33.75 85.89 10.52 78.01 37.35 56.61	.000	840.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15,435	50,260	1,804,067.24	35.89	.293	116.88	10.51
MEDICAL	12 , 772	17,240	581,850.31	33.75	.100	45.56	3.39
SURGERY	611	702	1,804,067.24 581,850.31 60,295.09 84,704.47 189,476.60 676,008.48	85.89	.004	45.56 98.68 26.48 105.32	.35
PATHOLOGY	3 , 199	8 , 050	84,704.47	10.52	.047	26.48	.49
RADIOLOGY	1,799	2,429	189,476.60	78.01	.014	105.32	1.10
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	13,713	18 , 099	676,008.48	37.35	.105	49.30	3.94
CROSSOVERS/ALL OTH OUTPINT	1,668	3,740	676,008.48 211,732.29	56.61	.022		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	O MONTH OF ENTREME IV	ELOKI LOK OWN	2004 THRU	DEC 2004	PAGE 17,687
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC AS	SSISTANCE - FAMILIES				
					M	ONTHLY AVERA	GE
171,604 ELIGIBLES	USERS	UNITS OF SERVICE		AVERAGE COST	UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,257	54,148	\$ 4,623,209.72 3 143 888 65	\$ 85.38	.316	\$ 348.74	
COMM HOSP INPATIENT TOTAL	631	2,464	3,143,888.65	1275.93	.014	4982.39	18.32
HSC HOSPITALS	601	2.293	2.726.542 86	1189 07	013	4536 68	15 89
NON-HSC HOSPITALS TOTAL	31	171	397.197.79	2322 79	001	4536.68 12812.83	2 31
ACCOMMODATIONS	31	171	105 375 91	616 23	001	3399.22	.61
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	1	1 A	4,623,209.72 3,143,888.65 2,726,542.86 397,197.79 105,375.91 4,163.40 .00 101,212.51 291,821.88	231 30	000	4163.40	
ADVICTATION TO CADE	U	. O	4,100.40	231.30	000	4102.40	.00
VII OTHED ACCOM	3 U	152	101 212 51	661 52	000	.00 3373.75	.59
ALL UIDER ACCOM	3U 31	100	101,212.31	001.32	.001	9413.61	
ANCILLARIES	31	0	291,821.88	.00	.000	9413.61	1.70

0

0

51,684

10,274

1,116

14,697

3,703

13,165

20,148.00

355,854.49

41,525.32

146,093.70

235,030.22

463,953.80

1,479,321.07

.00

.00

.00

28.62

34.64

37.21

9.94

63.47

35.24

.000

.000

.301

.060

.007

.086

.022

.077

10074.00

115.30

50.28

41.11

36.73

85.71

45.42

.00

.12

.00

8.62

2.07

.24

.85

1.37

2.70

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

2

0

12,830

7,077

1,010

3,977

2,742

10,215

CROSSOVERS/ALL OTH OUTPTNT	3 , 973	8,729		236,863.54		27.14	.051	59.62		1.38
@STATE HOSPITAL	7	212	\$	141,318.58	\$	666.60	.001	\$ 20188.37	\$.82
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	7	212		141,318.58		666.60	.001	20188.37		.82
@NURSING FACILITY	16	243	\$	97,961.64	\$.001		Ś	.57
LEV A-INTERMEDIATE	0	0	Υ	.00	٧	.00	.000	.00	Υ	.00
	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	5	125								
LEV B-SUBACUTE FREESTANDING	3	135		68,146.14		504.79	.001	13629.23		.40
LEV B-SUBACUTE HSPTL BASED	3	16		8,825.65		551.60	.000	2941.88		.05
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	8	0 135 16 0 92		20,989.85		228.15	.001	2623.73		.12
@INTERMEDIATE CARE FACILDD	25	751	\$	126 , 733.61	\$	168.75	.004	\$ 5069.34	\$.74
ICF DDH	24	740		124 , 722.92		168.54	.004	5196.79		.73
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	1	11		2,010.69		182.79	.000	2010.69		.01
ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY	18	220	\$	17,041.60	\$.001	\$ 946.76	\$.10
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	1.8	220		17,041.60		77.46	.001	946.76		.10
GREHARILITATION FACILITY	285	1,497	\$	33,263.66	\$.009		Ś	.19
HOSPITAL BASED	240	1,055	Y	26,086.28	Y	24.73	.006	104.76	Y	.15
INDEDENDENE EACH TEN	249	•				16.24		199.37		.04
INDEPENDENT FACILITY	249 36 6,338	442	Ċ	7,177.38	Ċ		.003		Ċ	
@LABORATORY FACILITY	6,338	23,040	\$	281,392.43	\$	12.21	.134		Ş	1.64
PATHOLOGY	6,330	23,028		280,678.43		12.19	.134	44.34		1.64
XO AND OTHERS	12	12		714.00		59.50	.000	59.50		.00
@ORGANIZED OUTPATIENT CLINIC	6 , 992	12,112	\$	1,236,094.41	Ş	102.06	.071		Ş	7.20
CLINIC	814 101	1,874		67 , 916.66		36.24	.011	83.44		.40
SURGICENTER		220		8,224.25		37.38	.001	81.43		.05
HEROIN DETOX CLINIC	20	231		2,731.21		11.82	.001	136.56		.02
RURAL HEALTH CLINIC	6 , 159	9 , 787		1,157,222.29		118.24	.057	187.89		6.74
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV			JRES M	1,157,222.29	EPORT				P.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	JRES M		EPORT				P.	AGE 17,688
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU C/DENTAL		1,157,222.29 IONTH-OF-PAYMENT RE	EPORT				P.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU C/DENTAL		1,157,222.29	EPORI		2004 THRU 1	DEC 2004		AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC	C ASSI	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES		! FOR JAN 2	2004 THRU 1	DEC 2004 DNTHLY AVER	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC	C ASSI	1,157,222.29 IONTH-OF-PAYMENT RE	AVE	FOR JAN 2	2004 THRU 1	DEC 2004 DNTHLY AVER S COST PER	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES	AVE PER	FOR JAN 2 RAGE COST UNIT/DAY	2004 THRU 1 M UNITS/DAY: PER ELIG	DEC 2004 DNTHLY AVER G COST PER USER	AGE	AGE 17,688 03/14/05 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 79,035	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24	AVE	P FOR JAN 2 CRAGE COST UNIT/DAY 7.98	2004 THRU I	DEC 2004 DNTHLY AVERA S COST PER USER \$ 61.43	AGE	AGE 17,688 03/14/05 COST PER ELIGIBLE 3.67
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 79,035 853	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85	AVE PER	FOR JAN 2 CRAGE COST UNIT/DAY 7.98 37.83	2004 THRU I	DEC 2004 DNTHLY AVERA S COST PER USER \$ 61.43 135.59	AGE	AGE 17,688 03/14/05 COST PER ELIGIBLE 3.67 .19
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAP 79,035 853	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00	AVE PEF \$	P FOR JAN 2 CRAGE COST UNIT/DAY 7.98 37.83 .00	MG UNITS/DAY: PER ELIG .461 .005 .000	DEC 2004 DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00	AGE	AGE 17,688 03/14/05 COST PER ELIGIBLE 3.67 .19 .00
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAP 79,035 853	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76	AVE PEF \$	FOR JAN 2 CRAGE COST UNIT/DAY 7.98 37.83 .00 1149.76	MC UNITS/DAY: PER ELIG .461 .005 .000	DEC 2004 DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00 1149.76	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURE OF CENTAL VICES FOR PUBLIC OR DAYS OF CAF 79,035 853 0 1 15,084	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81	AVE PEF \$	RAGE COST UNIT/DAY 7.98 37.83 .00 1149.76 9.55	MC UNITS/DAY: PER ELIG .461 .005 .000 .000	DEC 2004 DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00 1149.76 174.63	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURE OF CENTAL VICES FOR PUBLIC OR DAYS OF CAF 79,035 853 0 1 15,084 7,628	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65	AVE PEF \$	RAGE COST UNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98	MC UNITS/DAY: PER ELIG .461 .005 .000 .000 .088 .044	DEC 2004 DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURE OF LAND EXPENDITURE OF SERVICE OR DAYS OF CAPTOR OF CAPT	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50	AVE PEF \$	RAGE COST RUNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60	MC UNITS/DAY: PER ELIG .461 .005 .000 .000	DEC 2004 DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96 920.93	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,260 238 0 1 825 802 21 13	CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CAFE TO THE CONTROL OF THE CO	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65	AVE PEF \$	RAGE COST UNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98	MC UNITS/DAY: PER ELIG .461 .005 .000 .000 .088 .044	DEC 2004 DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURE OF LAND EXPENDITURE OF SERVICE OR DAYS OF CAPTOR OF CAPT	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50	AVE PEF \$	RAGE COST RUNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60	MC UNITS/DAY: PER ELIG .461 .005 .000 .000 .088 .044 .043	DEC 2004 DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96 920.93	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,260 238 0 1 825 802 21 13	CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CAFE TO THE CONTROL OF THE CO	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50 18,097.66	AVE PEF \$	RAGE COST UNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60 723.91	MO UNITS/DAY: PER ELIG .461 .005 .000 .000 .000 .088 .044 .043 .000	DEC 2004 DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96 920.93 1392.13	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,260 238 0 1 825 802 21 13 12 14	CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CAPE OF CAP	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50 18,097.66 400.07 8,220.88	AVE PEF \$	RAGE COST RUNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60 723.91 20.00 69.67	MO UNITS/DAY: PER ELIG .461 .005 .000 .000 .088 .044 .043 .000 .000	DEC 2004 DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96 920.93 1392.13 33.34 587.21	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,260 238 0 1 825 802 21 13 12 14 125	CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CAPE OF CAP	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50 18,097.66 400.07 8,220.88 13,101.00	AVE PEF \$	RAGE COST RUNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60 723.91 20.00 69.67 104.81	2004 THRU I	DEC 2004 DNTHLY AVERA S COST PER	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,260 238 0 1 825 802 21 13 12 14 125 0	CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CAPE OF CAP	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50 18,097.66 400.07 8,220.88 13,101.00 .00	AVE PEF \$	RAGE COST UNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60 723.91 20.00 69.67 104.81	2004 THRU I	DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96 920.93 1392.13 33.34 587.21 104.81	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,260 238 0 1 825 802 21 13 12 14 125 0 9	CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CAPE OF CAP	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50 18,097.66 400.07 8,220.88 13,101.00 .00 1,405.99	AVE PEF \$	RAGE COST RUNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60 723.91 20.00 69.67 104.81 .00 13.52	2004 THRU I	DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96 920.93 1392.13 33.34 587.21 104.81 .00 156.22	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 10,260 238 0 1 825 802 21 13 12 14 125 0 9 1,818	CES AND EXPENDITURE OF LICENTAL VICES FOR PUBLIC OR DAYS OF CAP 79,035 853 0 1 15,084 7,628 7,431 25 20 118 125 0 104 4,118	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50 18,097.66 400.07 8,220.88 13,101.00 .00 1,405.99 38,969.35	AVE PEF \$	RAGE COST RUNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60 723.91 20.00 69.67 104.81 .00 13.52 9.46	2004 THRU 1 MC UNITS/DAY: PER ELIG .461 .005 .000 .000 .088 .044 .043 .000 .000 .001 .001 .001	DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96 920.93 1392.13 33.34 587.21 104.81 .00 156.22 21.44	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 10,260 238 0 1 825 802 21 13 12 14 125 0 9 1,818 0	CES AND EXPENDITURE OF LICENTAL VICES FOR PUBLIC OR DAYS OF CAP 79,035 853 0 1 15,084 7,628 7,431 25 20 118 125 0 104 4,118 0	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50 18,097.66 400.07 8,220.88 13,101.00 .00 1,405.99 38,969.35 .00	AVE PEF \$	RAGE COST RUNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60 723.91 20.00 69.67 104.81 .00 13.52 9.46 .00	2004 THRU 1 MC UNITS/DAY: PER ELIG	DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96 920.93 1392.13 33.34 587.21 104.81 .00 156.22 21.44 .00	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,260 238 0 1 825 802 21 13 12 14 125 0 9 1,818 0 3	CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CAPE OF CAP	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50 18,097.66 400.07 8,220.88 13,101.00 .00 1,405.99 38,969.35 .00 286.63	AVE PEF \$	RAGE COST RUNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60 723.91 20.00 69.67 104.81 .00 13.52 9.46 .00 35.83	2004 THRU 1 MC UNITS/DAY: PER ELIG	DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96 920.93 1392.13 33.34 587.21 104.81 .00 156.22 21.44 .00 95.54	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,260 238 0 1 825 802 21 13 12 14 125 0 9 1,818 0 3 36	CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CAPE OF CAP	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50 18,097.66 400.07 8,220.88 13,101.00 .00 1,405.99 38,969.35 .00 286.63 6,799.39	AVE PEF \$	RAGE COST UNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60 723.91 20.00 69.67 104.81 .00 13.52 9.46 .00 35.83 67.32	2004 THRU 1 MC UNITS/DAY: PER ELIG .461 .005 .000 .000 .088 .044 .043 .000 .000 .001 .001 .001 .000 .001 .024 .000 .000	DEC 2004 DNTHLY AVERA COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96 920.93 1392.13 33.34 587.21 104.81 .00 156.22 21.44 .00 95.54 188.87	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 238 0 1 825 802 21 13 12 14 125 0 9 1,818 0 3 36 26	EES AND EXPENDITURE OF LAND EXPENDITURE OF COMMENTAL VICES FOR PUBLICATION OF SERVICE OR DAYS OF CAFE TO 15,084 T,628 T,431 To 15,084 T,628 T,431 To 15,084 T,628 T,431 To 16,000 To 10,000 To 10,00	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50 18,097.66 400.07 8,220.88 13,101.00 .00 1,405.99 38,969.35 .00 286.63 6,799.39 2,322.69	AVE PEF \$	RAGE COST RUNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60 723.91 20.00 69.67 104.81 .00 13.52 9.46 .00 35.83 67.32 34.16	2004 THRU 1 M(UNITS/DAY; PER ELIG	DEC 2004 DNTHLY AVERA COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96 920.93 1392.13 33.34 587.21 104.81 .00 156.22 21.44 .00 95.54 188.87 89.33	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE	EES AND EXPENDITURE OF LAND EXPENDITURE OF COMMENTAL VICES FOR PUBLICATION OF SERVICE OR DAYS OF CAFE TO 15,084 To 1628 To 1638 To 163	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50 18,097.66 400.07 8,220.88 13,101.00 .00 1,405.99 38,969.35 .00 286.63 6,799.39 2,322.69 4,476.70	AVE PEF \$	RAGE COST RUNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60 723.91 20.00 69.67 104.81 .00 13.52 9.46 .00 35.83 67.32 34.16 135.66	2004 THRU II MG UNITS/DAY: PER ELIG	DEC 2004 DNTHLY AVERA COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96 920.93 1392.13 33.34 587.21 104.81 .00 156.22 21.44 .00 95.54 188.87 89.33 447.67	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE	EES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CAFE TO THE CONTROL OF CAFE TO THE CONTROL OF CAFE TO THE C	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50 18,097.66 400.07 8,220.88 13,101.00 .00 1,405.99 38,969.35 .00 286.63 6,799.39 2,322.69 4,476.70 13,371.19	AVE PEF \$	RAGE COST RUNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60 723.91 20.00 69.67 104.81 .00 13.52 9.46 .00 35.83 67.32 34.16 135.66 59.96	2004 THRU II MG UNITS/DAY: PER ELIG	DEC 2004 DNTHLY AVERA S COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96 920.93 1392.13 33.34 587.21 104.81 .00 156.22 21.44 .00 95.54 188.87 89.33 447.67 393.27	AGE	AGE 17,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 171,604 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE	EES AND EXPENDITURE OF LAND EXPENDITURE OF COMMENTAL VICES FOR PUBLICATION OF SERVICE OR DAYS OF CAFE TO 15,084 To 1628 To 1638 To 163	C ASSI CE RE	1,157,222.29 IONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 630,319.24 32,270.85 .00 1,149.76 144,067.81 106,630.65 19,339.50 18,097.66 400.07 8,220.88 13,101.00 .00 1,405.99 38,969.35 .00 286.63 6,799.39 2,322.69 4,476.70	AVE PEF \$	RAGE COST RUNIT/DAY 7.98 37.83 .00 1149.76 9.55 13.98 2.60 723.91 20.00 69.67 104.81 .00 13.52 9.46 .00 35.83 67.32 34.16 135.66	2004 THRU I	DEC 2004 DNTHLY AVERA COST PER USER \$ 61.43 135.59 .00 1149.76 174.63 132.96 920.93 1392.13 33.34 587.21 104.81 .00 156.22 21.44 .00 95.54 188.87 89.33 447.67	AGE	AGE 17,688 03/14/05

HOSPICE SERVICES	3	152	20,164.32	132.66	.001	6721.44	.12
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6 , 770	30,237	305,004.61	10.09	.176	45.05	1.78
EPSDT SUPPLEMENTAL SERVICE	9	187	1,024.16	5.48	.001	113.80	.01
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	290	27 , 035	13,978.21	.52	.158	48.20	.08
@CALIF. CHILDREN SERVICES*	762	11,554	\$ 1,941,418.42	\$ 168.03	.067	\$ 2547.79	\$ 11.31
@XOVER EXCLUDING STATE HOSP**	80	330	\$ 48,906.83	\$ 148.20	.002	\$ 611.34	\$.28

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,689
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

VENTURA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASSI	STANCE - TOTAL				
					MON	THLY AVERA	GE
372,350 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	241,050	7,194,366 \$			19.322 \$		\$ 336.93
@PHYSICIANS SERVICES	53,943	179,306 \$	6,015,285.55	\$ 33.55	.482 \$	111.51	\$ 16.15
OUTPATIENT VISITS	26,499	35 , 337	1,326,462.42	37.54	.095	50.06	3.56
OFFICE VISITS	19 , 356	25 , 173	804,129.87	31.94	.068	41.54	2.16
HOME VISITS	273	358	14,564.39	40.68	.001	53.35	.04
EMERGENCY ROOM	6,486	7,507	,	55.56	.020	64.30	
PREVENTIVE CARE	395	400	16 , 765.70	41.91	.001	42.44	.05
OB VISITS/COMPRE PERI	258	657	30,154.97	45.90	.002	116.88	.08
OTHER OUTPATIENT	942	1,242	43,781.57	35.25	.003	46.48	.12
INPATIENT VISITS	3,363	13,699	883,901.01	64.52	.037	262.83	2.37
HOSPITAL VISITS	2,751	10,422	488,170.75	46.84	.028	177.45	1.31
CRITICAL CARE	337	2,311	362,739.45	156.96	.006	1076.38	.97
SNF/ICF/TRANS IP CARE	522	966	32 , 990.81	34.15	.003	63.20	.09
OPHTHALMOLOGICAL SERVICES	1,021	1,501	61,982.64	41.29	.004	60.71	.17
EXAMINATIONS	1,014	1,489	61,604.91	41.37	.004	60.75	.17
SERVICES AND MATERIALS	10	12	377.73	31.48	.000	37.77	
INPATIENT HOSPITAL SURGERY	1,879	14,477	984,781.47	68.02	.039	524.10	2.64
PRINCIPAL SURGEON	1,216	3 , 253	768,286.57	236.18	.009	631.81	2.06
ASSISTANT SURGEON	128	142	27,169.21	191.33	.000	212.26	.07
ANESTHESIOLOGIST	787	11,082	189,325.69	17.08	.030	240.57	.51
OUTPATIENT SURGERY	2,606	8,724	530,293.47	60.79	.023	203.49	1.42
PRINCIPAL SURGEON	2,087	2,730	426,094.15	156.08	.007	204.17	
ASSISTANT SURGEON	16	16	1,588.45	99.28	.000	99.28	.00
ANESTHESIOLOGIST	681	5 , 978	102,610.87	17.16	.016	150.68	.28
DIALYSIS	182	561	52,102.53	92.87	.002	286.28	
PATHOLOGY	4,954	22,643	123,043.26	5.43	.061	24.84	
RADIOLOGY	8,825	17 , 399	668,076.10	38.40	.04/	75.70	
PSYCHIATRY	10	11	536.22	48.75	.000	53.62	.00
IMMUNIZATION AND INJECTION	1,046	3,013	222,035.52	73.69	.008	212.27	.60
OTHER SERVICES/ALL X-OVERS	19,606	61,941	1,162,070.91	18.76	.166	59.27	3.12
@PHARMACY	164 , 598	3,019,083 \$			8.108 \$		
PRESCRIPTION DRUGS	161,641	594 , 960		93.62	1.598	344.60	149.60
SNF/ICF	5 , 984	42,329	3,673,779.62	86.79	.114	613.93	9.87
OUTPATIENTS	156 , 795	552,631	52,028,148.74	94.15	1.484	331.82	139.73
MEDICAL SUPPLIES	14,993	2,424,123	2,320,301.99	.96	6.510		6.23
@DENTIST	20 , 523	107 , 947 \$	3,235,268.63		.290 \$		
VISITS - DIAGNOSTIC	14,902	74,642	927,364.37	12.42	.200	62.23	2.49
ORAL SURGERY	2,878	6,304	357,341.01	56.68	.017	124.16	.96

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	310	389		7,675.26	19.73	.001	24.76	.02
ANESTHESIA	50	83		4,595.00	55.36	.000	91.90	.01
PERIODONTICS	1,347	1,382		147,544.20	106.76	.004	109.54	.40
ENDODONTICS	1,475	2,541		362 , 879.60	142.81	.007	246.02	.97
RESTORATIVE DENTISTRY	5,867	17,571		952,745.50	54.22	.047	162.39	2.56
PROSTHETICS	190	201		5,380.00	26.77	.001	28.32	.01
DENTURES, STAYPLATES	1,238	3,433		399,138.25	116.27	.009	322.41	1.07
SPACE MAINTAINERS	129	174		17,829.00	102.47	.000	138.21	.05
MAXILLOFACIAL SERVICES	48	54		5,314.14	98.41	.000	110.71	.01
FRACTURES, DISLOCATIONS	1	1		400.00	400.00	.000	400.00	.00
ORTHODONTIC SERVICES	571	669		44,102.50	65.92	.002	77.24	.12
ALL OTHER SERVICES	479	503		2,959.80	5.88	.001	6.18	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 17,690
MOP024	FEE-FOR-SERVICE	E/DENTAL						03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE - TOTAL				
						MON	THLY AVERA	GE
372,350 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OD DAMO OF CAD	177			DED ELTO		
		OR DAYS OF CAR			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	8,271	23,435	\$	516,841.03	\$ 22.05	.063 \$	62.49	\$ 1.39
DIAGNOSTIC AND ANC. PROCED	4,234	23,435 4,572		184,478.77	\$ 22.05 40.35	.063 \$.012	62.49 43.57	\$ 1.39 .50
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	4,234 6,300	23,435 4,572 17,883		184,478.77 314,171.22	\$ 22.05 40.35 17.57	.063 \$.012 .048	62.49 43.57 49.87	\$ 1.39 .50 .84
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	4,234 6,300 572	23,435 4,572 17,883 980	\$	184,478.77 314,171.22 18,191.04	\$ 22.05 40.35 17.57 18.56	.063 \$.012 .048 .003	62.49 43.57 49.87 31.80	\$ 1.39 .50 .84 .05
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	4,234 6,300 572 432	23,435 4,572 17,883 980 774		184,478.77 314,171.22 18,191.04 12,546.81	\$ 22.05 40.35 17.57 18.56 \$ 16.21	.063 \$.012 .048 .003 .002 \$	62.49 43.57 49.87 31.80 29.04	\$ 1.39 .50 .84 .05 \$.03
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	4,234 6,300 572 432 408	23,435 4,572 17,883 980 774 725	\$	184,478.77 314,171.22 18,191.04 12,546.81 11,929.72	\$ 22.05 40.35 17.57 18.56 \$ 16.21 16.45	.063 \$.012 .048 .003 .002 \$	62.49 43.57 49.87 31.80 29.04 29.24	\$ 1.39 .50 .84 .05 \$.03
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	4,234 6,300 572 432 408 24	23,435 4,572 17,883 980 774 725 49	\$	184,478.77 314,171.22 18,191.04 12,546.81 11,929.72 617.09	\$ 22.05 40.35 17.57 18.56 \$ 16.21 16.45 12.59	.063 \$.012 .048 .003 .002 \$.002 .000	62.49 43.57 49.87 31.80 29.04 29.24 25.71	\$ 1.39 .50 .84 .05 \$.03 .03
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	4,234 6,300 572 432 408 24 4,496	23,435 4,572 17,883 980 774 725 49 11,105	\$	184,478.77 314,171.22 18,191.04 12,546.81 11,929.72 617.09 284,756.83	\$ 22.05 40.35 17.57 18.56 \$ 16.21 16.45 12.59 \$ 25.64	.063 \$.012 .048 .003 .002 \$.002 .000 .030 \$	62.49 43.57 49.87 31.80 29.04 29.24 25.71 63.34	\$ 1.39 .50 .84 .05 \$.03 .03 .00 \$.76
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	4,234 6,300 572 432 408 24 4,496 2,496	23,435 4,572 17,883 980 774 725 49 11,105 2,945	\$	184,478.77 314,171.22 18,191.04 12,546.81 11,929.72 617.09 284,756.83 98,157.73	\$ 22.05 40.35 17.57 18.56 \$ 16.21 16.45 12.59 \$ 25.64 33.33	.063 \$.012 .048 .003 .002 \$.002 .000 .030 \$.008	62.49 43.57 49.87 31.80 29.04 29.24 25.71 63.34 39.33	\$ 1.39 .50 .84 .05 \$.03 .00 \$.76 .26
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	4,234 6,300 572 432 408 24 4,496 2,496 732	23,435 4,572 17,883 980 774 725 49 11,105 2,945 816	\$	184,478.77 314,171.22 18,191.04 12,546.81 11,929.72 617.09 284,756.83 98,157.73 10,730.31	\$ 22.05 40.35 17.57 18.56 \$ 16.21 16.45 12.59 \$ 25.64 33.33 13.15	.063 \$.012 .048 .003 .002 \$.002 .000 .030 \$.008 .002	62.49 43.57 49.87 31.80 29.04 29.24 25.71 63.34 39.33 14.66	\$ 1.39 .50 .84 .05 \$.03 .00 \$.76 .26 .03
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	4,234 6,300 572 432 408 24 4,496 2,496 732 1,081	23,435 4,572 17,883 980 774 725 49 11,105 2,945 816 2,025	\$	184,478.77 314,171.22 18,191.04 12,546.81 11,929.72 617.09 284,756.83 98,157.73 10,730.31 36,020.22	\$ 22.05 40.35 17.57 18.56 \$ 16.21 16.45 12.59 \$ 25.64 33.33 13.15 17.79	.063 \$.012 .048 .003 .002 \$.002 .000 .030 \$.008 .002	62.49 43.57 49.87 31.80 29.04 29.24 25.71 63.34 39.33 14.66 33.32	\$ 1.39 .50 .84 .05 \$.03 .00 \$.76 .26 .03 .10
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	4,234 6,300 572 432 408 24 4,496 2,496 732 1,081 3,021	23,435 4,572 17,883 980 774 725 49 11,105 2,945 816 2,025 5,319	\$ \$	184,478.77 314,171.22 18,191.04 12,546.81 11,929.72 617.09 284,756.83 98,157.73 10,730.31 36,020.22 139,848.57	\$ 22.05 40.35 17.57 18.56 \$ 16.21 16.45 12.59 \$ 25.64 33.33 13.15 17.79 26.29	.063 \$.012 .048 .003 .002 \$.002 .000 .030 \$.008 .002 .005 .014	62.49 43.57 49.87 31.80 29.04 29.24 25.71 63.34 39.33 14.66 33.32 46.29	\$ 1.39 .50 .84 .05 \$.03 .00 \$.76 .26 .03 .10 .38
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	4,234 6,300 572 432 408 24 4,496 2,496 732 1,081	23,435 4,572 17,883 980 774 725 49 11,105 2,945 816 2,025	\$	184,478.77 314,171.22 18,191.04 12,546.81 11,929.72 617.09 284,756.83 98,157.73 10,730.31 36,020.22	\$ 22.05 40.35 17.57 18.56 \$ 16.21 16.45 12.59 \$ 25.64 33.33 13.15 17.79	.063 \$.012 .048 .003 .002 \$.002 .000 .030 \$.008 .002	62.49 43.57 49.87 31.80 29.04 29.24 25.71 63.34 39.33 14.66 33.32 46.29 995.99	\$ 1.39 .50 .84 .05 \$.03 .00 \$.76 .26 .03 .10

NURSE MIDWIFE	11	85 \$	4,299.64	\$ 50.58	.000	\$ 390.88	\$.01
PEDIATRIC NURSE PRACTITIONER	9	19 \$ 5 \$ 279,936 \$	673.62	\$ 35.45	.000	\$ 74.85	\$.00
FAMILY NURSE PRACTITIONER	2	5 \$	136.15	\$ 27.23	.000	\$ 68.08	\$.00
@TOTAL HOSPITAL	63,102	279,936 \$	24,195,818,95	\$ 86.43	.752	\$ 383.44	
	3,385	13 077	16 031 754 04	1225 95	035	4736 12	43.06
	2,514	12 305	13 886 030 67	1225.95 1128.49	.033	4736.12 5523.48	37.29
	110	761	1 217 100 01	1730.75	.033	11973.64	27.29
NON-HSC HOSPITAL TOTAL	110	761	1,31/,100.91	1/30./5	.002		
ACCOMMODATIONS	110	/ 6 L	381,095.82	500.78 197.88	.002	3464.51	1.02 .06
ADMINISTRATIVE DAYS	11	10 /	21,1/2.95	197.88	.000		
TRANSITIONAL IP CARE	0	0	.00 359,922.87	.00	.000	.00 3599.23	.00
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY	100	13,077 12,305 761 761 107 0 654 0 11 0 266,859 57,027 3,630 57,110 13,794 60,483 74,815 149,520 \$	359 , 922.87	550.34	.002	3599.23	.97
ANCILLARIES	110	0	936,005.09	.00	.000	8509.14	
INPATIENT CROSSOVERS	794	11	828,622.46	75329.31	.000	1043.61	2.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	61,118	266,859	8,164,064.91	30.59	.717	133.58	21.93
MEDICAL	36,328	57 , 027	1,905,115.67	33.41	.153	52.44	.00 21.93 5.12
SURGERY	3.096	3,630	232.195.79	63.97	. 010	75.00 41.70 127.62	.62
PATHOLOGY	14 510	57 110	605 096 21	10 60	153	41 70	1.63
PADTOLOGY	9 375	13 701	1 196 422 68	96 74	037	127 62	3.21
DOOM HEE	41 141	10, 194	2 222 020 54	26.74	162	127.02 54 O1	5.97
ROUM USE	41,141	74.015	2,222,030.34	30.74	.162 .201	54.01 92.49	5.97
HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	21,659	/4,815	2,003,204.02	26.78	.201	92.49	5.38
@COUNTY HOSPITAL TOTAL	39,594	149,520 \$	9,764,829.72	\$ 65.31	.402	\$ 246.62	
CO HOSPITAL INPATIENT TOTAL	990	4,138	4,806,977.19	1161.67	.011		12.91
HSC HOSPITALS	937	4,014	4,719,603.15	1175.79	.011	5036.93	12.68
NON-HSC HOSPITALS TOTAL	12	113	41,924.62	371.01	.000	3493.72 2156.05	.11
ACCOMMODATIONS	12	113	25 , 872.57	228.96	.000	2156.05	.07
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	1	2	462.60	231.30	.000	462.60	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	111	25,409.97	228.92	.000	2310.00	
ANCILLARIES	12	0	16,052.05	.00	.000		
INPATIENT CROSSOVERS	46	11	45,449.42	4131.77	.000	1337.67 988.03	.12
ALL OTHER INPATTENT	0	0	10,113.12	00	.000	00	00
CO HOSP OUTPATTENT TOTAL	39 236	145 382	4 957 852 53	34 10	390	.00 126.36	13 32
MEDICAL	26 571	140,002	1 202 260 06	34.10	107	52.06	3 72
CLIDCEDY	1 242	1 630	1,505,500.00	04.70	.107	115 67	3.72
DARIOLOGY	7,542	1,639	155,255.29	94.71 11 04	.004	113.07	- 42
PATHOLOGY	7,546	23,526	259,799.42	11.04	.063	34.43	. 70
RADIOLOGY	4,539	6,418 39,619	631,972.94 1,480,758.97	98.47	.01/	139.23	1.70
CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	27,771	39,619	1,480,758.97	37.37	.106	53.32	3.72 .42 .70 1.70 3.98
CROSSOVERS/ALL OTH OUTPINT	10,/13	34,380	1,046,717.05	30.45	.092	97.71	2.81
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU I	DEC 2004	
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC AS	SISTANCE - TOTAL				
						ONTHLY AVERA	
372,350 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27,126	130,416 \$	14,430,989.23	\$ 110.65	.350	\$ 532.00	\$ 38.76
COMM HOSP INPATIENT TOTAL	2,428		11,224,776.85	1255.71	.024	4623.05	30.15
HSC HOSPITALS	1,605	8,291	9,166,427.52	1105.59	.022	5711.17	24.62
NON-HSC HOSPITALS TOTAL	98	648	1,275,176.29	1967.86	.002	13012.00	3.42
ACCOMMODATIONS	98	648	355,223.25	548.18	.002	3624.73	.95
ADMINISTRATIVE DAYS	10	105	20,710.35	197.24	.002	2071.04	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	89	543					
ALL OTHER ACCOM			334,512.90	616.05	.001	3758.57	.90
ANCILLARIES	98	0	919,953.04	.00	.000	9387.28	2.47
INPATIENT CROSSOVERS	749	0	783,173.04	.00	.000	1045.62	2.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	25,256	121 177		3 206 212 38		26 30	.326		126.95		8.61
MEDICAL	11 122	17 227		3,206,212.38 521,746.81 76,960.50 345,296.79 564,449.74 741,271.57 956,486.97 545,341.47		20.39	.046		46.91		
	1,778	1 001		76,060,50		38.65	.005		43.28		.21
SURGERY	1,770	1,991		76,960.30		10.00	.005				
PATHOLOGY	7,289	33,384		345,296.79		10.28 76.53	.090		47.37 111.68		.93
RADIOLOGY	5,054	/,3/6		564,449.74		76.53	.020		111.68		1.52
ROOM USE	15,279	20,864		741,271.57		35.53 23.65	.056		48.52		1.99
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	11,456	40,435		956,486.97		23.65	.109		83.49		2.57
@STATE HOSPITAL	28	853	\$	545,341.47	\$	639.32	.002	\$	19476.48		1.46
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	0			.00		.00 639.32	.000		.00		.00
DEVELOP. DISABLED	28	853		545,341.47		639.32			19476.48		1.46
@NURSING FACILITY	2,069	48,506	\$	7,983,629.14	\$	164.59	.130	\$	3858.69	\$	21.44
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DD	30	781		464,953.14 1,114,363.27		595.33	.002		15498.44		
LEV B-SUBACUTE HSPTL BASED	4.5	2.116		1,114,363,27		526.64	.006		15498.44 24763.63		2.99
LEV B-TRANSITIONAL IP CARE	0	2,110		.00		.00	.000		.00		.00
T.FV B-RECIII.AR	2 007	45 609		6 404 312 73		.00 140.42	.122		3190.99		17.20
@INTERMEDIATE CARE FACILDD	1 200	36 379	Ġ	6,453,162.92	Ġ	177 39	098	Ġ	5377.64		
TOE DOU	1,200	26 241	Y	4 422 750 15	Ÿ	168.54	.070	Y			
ICF DDn	000	26,241 1,262		4,422,730.13		100.34	.070		5095.34 4775.64		.50
ICF DD	39	1,202		186,249.78		168.54 147.58 207.77	.003				
TCF, DDN/DDCN	294	8,8/6		1,844,154.99		207.77 82.17	.024				
ICF DDH ICF DDD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER	1,905	19,405	Ş	186,249.78 1,844,154.99 1,594,423.96	Ş	82.17	.052		836.97	Ş	
HOSPITAL BASED	0	0 19,405		.00		.00 82.17	.000 .052		.00		.00
HEMODIALYSIS CENTER	1,905	19,405		1,594,423.96		82.17	.052				
@REHABILITATION FACILITY	1,485	15,110	\$	273,823.23	\$	18.12	.041	\$	184.39		.74
HOSPITAL BASED	627	3 , 381		81,842.94		24.21 16.37	.009		130.53		.22
INDEPENDENT FACILITY	861	11 , 729		191,980.29		16.37	.031		130.53 222.97		.52
@LABORATORY FACILITY	14,941	60,498	\$	676,107.05 674,009.31	\$	11.18 11.18 10.70	.162	\$	45.25	\$	1.82
PATHOLOGY	14,857	60,302		674,009.31		11.18	.162		45.37		
XO AND OTHERS	90	196		2,097.74 2,225,745.46 143,666.36		10.70	.001		23.31		.01
@ORGANIZED OUTPATIENT CLINIC	13,295	24,384	\$	2,225,745.46	\$	91.28	.065	\$	167.41	\$	
CLINIC	1.984	3,638	•	143,666.36		39.49	.010		72.41		.39
SURGICENTER	404	917		48,815.85		53 23	002				.13
HEROIN DETOX CLINIC	35	430		5,150.72		53.23 11.98	.002		147.16		.01
DIDAT DETON CHINIC	11 101	10 300		2,028,112.53		104.55	.052		182.70		5.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAI CEDVIC	EC AND EVDENDIMI	DEC M				נוסטיי מחחת	DEC		D	
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	CENTRAL EXPENDITO	KES M	ONIH-OF-PAIMENI RE	EPURI	FOR JAN .	2004 IRKU	DEC	2004	P	03/14/05
	FEE-FOR-SERVICE	/ DENTAL	3 C C T	CHANGE HOMAT							03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE - TOTAL						~-	
050 050			_				M				
372,350 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	41,315	3,350,240	\$	12,840,741.99	\$	3.83	8.998	\$	310.80	\$	34.49
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	1,923	6 , 693		896 , 369.87		133.93	.018 .000 .001 .618		466.13		2.41
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	139	261		35,612.70		136.45	.001		256.21		.10 3.06
MEDICAL TRANSPORTATION	4,205	230,286		1,138,365.19		4.94	.618		270.72		3.06
AMBULANCES/AIR TRANS	2,772	28,379		410,080.79		14.45	.076		147.94		1.10
OTHER TRANS	876	195,920		677 , 840.15		3.46	.526		773.79		1.82
OTHER SERVICES	600	5 , 987		50,444.25		8.43	.016		84.07		.14
ACUPUNCTURE	305	883		15,240.02		17.26	.002		49.97		.04
ADULT DAY HEALTH CARE CTR	7,924	87 , 089		6,050,305.02		69.47	.234		763.54		16.25
GENETIC DISEASE TESTING	144	144		15,096.00		104.83	.000		104.83		.04
IHMC, MODEL-NF, NF, AIDS, MSSP				1,172,284.22					104.03		
	1,171	28,124				41.68	.076				3.15
OCCUPATIONAL THERAPIST	18	190		2,563.53		13.49	.001		142.42		.01
OPTICIAN	6,453	15,317		169,753.69		11.08	.041		26.31		.46
PHYSICAL THERAPIST	12	21		97.23		4.63	.000		8.10		.00

PORTABLE X-RAY	144	350	7 , 535.46	21.53	.001	52.33	.02
PROSTHETIST/ORTHOTISTS	416	1,967	238,484.83	121.24	.005	573.28	.64
PROSTHETICS	198	766	85 , 027.00	111.00	.002	429.43	.23
ORTHOTICS	221	1,201	153,457.83	127.78	.003	694.38	.41
PSYCHOLOGIST	102	475	22,864.19	48.14	.001	224.16	.06
SPEECH AND AUDIOLOGY	1,840	5 , 569	328,028.92	58.90	.015	178.28	.88
HOSPICE SERVICES	175	4,802	590,002.30	122.87	.013	3371.44	1.58
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10,222	242 , 873	1,083,751.60	4.46	.652	106.02	2.91
EPSDT SUPPLEMENTAL SERVICE	11	238	1,299.74	5.46	.001	118.16	.00
RESPIRATORY CARE PRACT.	1	1	20.95	20.95	.000	20.95	.00
PED SUBACUTE REHAB/WEANING	9	356	14,314.76	40.21	.001	1590.53	.04
ALL OTHER PROVIDERS	9,711	2,724,602	1,058,772.72	.39	7.317	109.03	2.84
@CALIF. CHILDREN SERVICES*	4,425	276 , 237	\$ 7,972,487.26	\$ 28.86	.742	\$ 1801.69	\$ 21.41
@XOVER EXCLUDING STATE HOSP**	34,263	413,398	\$ 5,044,899.78	\$ 12.20	1.110	\$ 147.24	\$ 13.55

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,693
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

----- MONTHLY AVERAGE -----37,936 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 28,282 708,986 \$ 13,439,542.71 \$ 18.96 18.689 \$ 475.20 \$ 354.27 5,869 27,297 27.35 .720 \$ 127.22 \$ 19.68 @PHYSICIANS SERVICES 746,654.54 \$ 1,826 2,583 97,059.99 37.58 .068
33.85 .062
.00 .000
77.75 .006
.00 .000
.00 .000
24.48 .000
48.52 .034
44.15 .032
114.77 .002
43.71 .000
41.57 .013
41.63 .012
36.26 .000
45.55 .031
320.86 .003
238.73 .000
12.75 .027 37.58 .068 53.15 OUTPATIENT VISITS 2,342 1,669 47.50 79,280.48 2.09 OFFICE VISITS 0 0 .00 HOME VISITS .00 .00 17,338.79 205 0 0 223 EMERGENCY ROOM 84.58 .46 .00 0 .00 PREVENTIVE CARE .00 .00 440.72 63,465.28 53,950.03 OB VISITS/COMPRE PERI 0 16 226 218 218 1,222 0 .00 27.55 280.82 OTHER OUTPATIENT 27.55 .01 INPATIENT VISITS 218 247.48 HOSPITAL VISITS 30 4 9,296.70 218.55 309.89 CRITICAL CARE 81 .25 SNF/ICF/TRANS IP CARE 5 .000 54.64 .01 335 475 333 470 5 5 133 1,161 19,746.52 19,565.24 OPHTHALMOLOGICAL SERVICES 475 58.94 .013 19,50 181.20 52,887.76 37,541.00 2,148.53 13,198.23 12.75 597.60 112.45 50 267.39 .00 23.06 470 .012 58.75 EXAMINATIONS SERVICES AND MATERIALS 36.26 .00 397.65 INPATIENT HOSPITAL SURGERY 1,161 117 403.67 214.85 93 PRINCIPAL SURGEON 9 12.75
112.45
267.39
.00
.00
23.06
.01
65.64
.005
5.68
.093
70.52
.00
.000
43.17
.013
5.61 10 ASSISTANT SURGEON .06 50 283 225 .027 263.96 ANESTHESIOLOGIST 1,035 779 .021 309.53 OUTPATIENT SURGERY 2.31 285 338.69 PRINCIPAL SURGEON 2.01 .00 0 ASSISTANT SURGEON 76 494 149.90 ANESTHESIOLOGIST .30 56 194 12,733.60 227.39 DIALYSIS .34 467 3,536 43.03 PATHOLOGY .53 20,096.18 801 2,008 141,597.06 .00 176.78 RADIOLOGY 3.73 0 91 0 485 .00 PSYCHIATRY .00 20,935.47 .013 230.06 IMMUNIZATION AND INJECTION 14,768 230,535.08 OTHER SERVICES/ALL X-OVERS 3,599 .389 64.06 6.08 \$ 6,550,478.70 \$ 320,165 20.46 8.440 \$ @PHARMACY 22,222 294.77 \$ 172.67 PRESCRIPTION DRUGS 21,741 82,208 6,371,713.83 77.51 2.167 293.07 167.96

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	510	4,539		265,586.45		58.51	.120	52	.76		7.00
OUTPATIENTS	21,297	77,669		6,106,127.38		78.62	2.047	28	5.71		160.96
MEDICAL SUPPLIES	1,933	237,957		178,764.87		.75	6.273	9:	2.48		4.71
@DENTIST	1,573	7,196	\$	301,720.95	\$	41.93	.190	\$ 193	.81	\$	7.95
VISITS - DIAGNOSTIC	1,037	4,450		52,378.35		11.77	.117	5).51		1.38
ORAL SURGERY	275	834		43,391.25		52.03	.022	15	7.79		1.14
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	4	4		400.00		100.00	.000	10	0.00		.01
PERIODONTICS	136	137		14,620.00		106.72	.004	10	7.50		.39
ENDODONTICS	74	112		24,619.25		219.81	.003	333	2.69		.65
RESTORATIVE DENTISTRY	284	741		50,191.10		67.73	.020	17	5.73		1.32
PROSTHETICS	25	28		948.50		33.88	.001	3	7.94		.03
DENTURES, STAYPLATES	294	859		115,172.50		134.08	.023	39	.74		3.04
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	33	31		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC 200	1	PI	AGE 17,694
MOP024	FEE-FOR-SERVICE/DENTAL	ı									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FO	R MN - N	O SOC	- AGED AID	CODE	14 1H 1U	1X				

VENTURA COUNTY	SUMMARY OF SER	VICES FOR MN - NO	5 500	- AGED AID	COD	E 14 IH IU					
									HLY AVERA	.GE	
37,936 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	905	2 , 549	\$	54,131.10	\$	21.24	.067	\$	59.81	\$	1.43
DIAGNOSTIC AND ANC. PROCED	329	361		14,177.47		39.27	.010		43.09		.37
EYE APPLIANCES	721	2,039		36,286.21		17.80	.054		50.33		.96
OTHER OPTOMETRIC SERVICES	82	149		3,667.42		24.61	.004		44.72		.10
@CHIROPRACTOR	13	28	\$	336.88	\$	12.03	.001	\$	25.91	\$.01
VISITS	8	13		200.64		15.43	.000		25.08		.01
OTHER SERVICES	5	15		136.24		9.08	.000		27.25		.00
@PODIATRIST	324	589	\$	8,096.92	\$	13.75	.016	\$	24.99	\$.21
MEDICINE/INJECTIONS	68	84		2,945.60		35.07	.002		43.32		.08
SURGERY/ANES.	9	10		717.30		71.73	.000		79.70		.02
RADIO./PATHOLOGY	7	10		173.00		17.30	.000		24.71		.00
OTHER	253	485		4,261.02		8.79	.013		16.84		.11
@HOME HEALTH AGENCY	48	182	\$	12,446.28	\$	68.39	.005	\$	259.30	\$.33
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00		.00
@TOTAL HOSPITAL	4,260	18,092	\$, ,	\$.477	\$	388.12	\$	43.58
HOSP INPATIENT TOTAL	334	1,095		1,187,821.40		1084.77	.029		3556.35		31.31
HSC HOSPITALS	197	1,077		1,037,449.20		963.28	.028		5266.24		27.35
NON-HSC HOSPITAL TOTAL	5	18		27,482.33		1526.80	.000		5496.47		.72
ACCOMMODATIONS	5	18		3,582.68		199.04	.000		716.54		.09
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	18		3 , 582.68		199.04	.000		716.54		.09
ANCILLARIES	5	0		23,899.65		.00	.000		4779.93		.63
INPATIENT CROSSOVERS	134	0		122 , 889.87		.00	.000		917.09		3.24
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4,021	16 , 997		465,572.80		27.39	.448		115.79		12.27
MEDICAL	1,550	2,618		98,469.30		37.61	.069		63.53		2.60
SURGERY	164	167		18,631.50		111.57	.004		113.61		.49
PATHOLOGY	732	3,111		30 , 954.56		9.95	.082		42.29		.82

DADTOLOGY	523	783	61 077 50	70.06	001	117 17	1 (0
RADIOLOGY ROOM USE			61,277.52 87,267.89	78.26 37.53	.021	117.17 56.59	1.62 2.30
	1,542	2,325	•		.061		
CROSSOVERS/ALL OTH OUTPTNT	2,332	7,993	168,972.03	21.14	.211 .226 \$	72.46	4.45
@COUNTY HOSPITAL TOTAL	2,488	8,584 \$	530,403.12	\$ 61.79			·
CO HOSPITAL INPATIENT TOTAL	70	283	304,731.38	1076.79	.007	4353.31	8.03
HSC HOSPITALS	65	278	297,462.69	1070.01	.007	4576.35	7.84
NON-HSC HOSPITALS TOTAL	2	5	3,327.92	665.58	.000	1663.96	.09
ACCOMMODATIONS	2	5	1,156.50	231.30	.000	578.25	.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	1,156.50	231.30	.000	578.25	.03
ANCILLARIES	2	0	2,171.42	.00	.000	1085.71	.06
INPATIENT CROSSOVERS	5	0	3,940.77	.00	.000	788.15	.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2,455	8,301	225,671.74	27.19	.219	91.92	5.95
MEDICAL	1,132	1,748	63,609.09	36.39	.046	56.19	1.68
SURGERY	46	41	10,730.76	261.73	.001	233.28	.28
PATHOLOGY	376	1,055	10,377.72	9.84	.028	27.60	.27
RADIOLOGY	266	332	21,600.59	65.06	.009	81.21	.57
ROOM USE	1,114	1,548	57,519.00	37.16	.041	51.63	1.52
CROSSOVERS/ALL OTH OUTPTNT	1,207	3,577	61,834.58	17.29	.094	51.23	1.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 17,695
MOP024	FEE-FOR-SERVICE	DENTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVI	ICES FOR MN - NO SOC	- AGED AID	CODE 14 1H 1U	1X		
					MON	THLY AVERA	GE
37,936 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
, , , , , , , , , , , , , , , , , , , ,		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,943	9,508 \$	1,122,991.08	\$ 118.11	.251 \$	577.97	\$ 29.60
COMM HOSP INPATIENT TOTAL	265	812	883,090.02	1087.55	•	3332.42	23.28
HSC HOSPITALS	133	799	739,986.51	926.14	.021	5563.81	19.51
NON-HSC HOSPITALS TOTAL	3	13	24,154.41	1858.03	.000	8051.47	.64
ACCOMMODATIONS	3	13	2,426.18	186.63	.000	808.73	.06
11000111101111110110	5	10	2, 120.10	100.00	• 0 0 0	000.75	• • • •

30070700030700	0	0		0.0		0.0	0.00		0.0		0.0
ADMINISTRATIVE DAYS	-	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	13		2,426.18		186.63	.000		808.73		.06
ANCILLARIES	3	0		21,728.23		.00	.000		7242.74		.57
INPATIENT CROSSOVERS	129	0		118,949.10		.00	.000		922.09		3.14
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,718	8,696		239,901.06		27.59	.229		139.64		6.32
MEDICAL	478	870		34,860.21		40.07	.023		72.93		.92
SURGERY	118	126		7,900.74		62.70	.003		66.96		.21
PATHOLOGY	377	2,056		20,576.84		10.01	.054		54.58		.54
RADIOLOGY	267	451		39,676.93		87.98	.012		148.60		1.05
ROOM USE	482	777		29,748.89		38.29	.020		61.72		.78
CROSSOVERS/ALL OTH OUTPTNT	,	4,416		107,137.45		24.26	.116		91.88		2.82
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	478	9,386	\$	1,516,646.32	\$	161.59	.247	\$	3172.90	\$	39.98
LEV A-INTERMEDIATE	0	, 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
LEV B-TRANSITIONAL IP CARE	-	•				.00	.000				.00
LEV B-REGULAR	478	9,386	_	1,516,646.32	_	161.59	.247	_	3172.90	_	39.98
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	271	3 , 959	\$	271,158.20	\$	68.49	.104	\$	1000.58	\$	7.15
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	271	3,959		271,158.20		68.49	.104		1000.58		7.15
@REHABILITATION FACILITY	24	129	\$	3,106.18	\$	24.08	.003	Ś	129.42	Ś	.08
HOSPITAL BASED	24	129	Υ	3,106.18	Υ	24.08	.003	۲	129.42	۲	.08
	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY			ċ		Ċ			ċ		ċ	
@LABORATORY FACILITY	1,296	6,806	\$	63,839.42	\$	9.38	.179	Ş	49.26	Ş	1.68
PATHOLOGY	1,280	6,758		63,556.66		9.40	.178		49.65		1.68
XO AND OTHERS	16	48		282.76		5.89	.001		17.67		.01
@ORGANIZED OUTPATIENT CLINIC	1,151	1,986	\$	155,118.72	\$	78.11	.052	\$	134.77	\$	4.09
CLINIC	261	351		13,538.84		38.57	.009		51.87		.36
SURGICENTER	93	184		13,118.01		71.29	.005		141.05		.35
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	828	1,451		128,461.87		88.53	.038		155.15		3.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		RES MO	ONTH-OF-PAYMENT RI	EPORI			DEC	2004	PI	AGE 17,696
MOP024	FEE-FOR-SERVICE										03/14/05
VENTURA COUNTY			0 500	- AGED AID	CODE	. 14 1н 1п	1 X				, = -,
VERVIORAL COORTI	Bornanti or BER	TODO TOR THE	0 000	11025 1112	CODE			тиот	HLY AVERA	GE -	
37,936 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	Δ17Ε	ERAGE COST			COST PER		COST PER
37,7300 EETOTEED	ODERS	OR DAYS OF CAR		BALBADITORES		R UNIT/DAY			USER		ELIGIBLE
GALL OWNED DROVIDERS	4 0.61			2 102 414 20							
@ALL OTHER PROVIDERS	4,961	310,622	\$	2,102,414.30	\$	6.77	8.188	\$	423.79	Ş	55.42
DURABLE MED. EQUIP.	237	425		33,203.46		78.13	.011		140.10		.88
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	27	46		7,864.10		170.96	.001		291.26		.21
MEDICAL TRANSPORTATION	338	36 , 516		128,640.26		3.52	.963		380.59		3.39
AMBULANCES/AIR TRANS	115	782		13,040.80		16.68	.021		113.40		.34
OTHER TRANS	118	34,765		113,372.34		3.26	.916		960.78		2.99
OTHER SERVICES	108	969		2,227.12		2.30	.026		20.62		.06
ACUPUNCTURE	45	152		2,682.65		17.65	.004		59.61		.07
				, ::=:30							. * .

1 , 931	21 , 905		1,522,602.93		69.51	.577	788.50		40.14
0	0		.00		.00	.000	.00		.00
217	2,237		127,181.00		56.85	.059	586.09		3.35
0	0		.00		.00	.000	.00		.00
834	2,063		25,148.81		12.19	.054	30.15		.66
1	3		3.69		1.23	.000	3.69		.00
28	56		1,129.91		20.18	.001	40.35		.03
26	78		6,064.01		77.74	.002	233.23		.16
16	57		5,475.61		96.06	.002	342.23		.14
10	21		588.40		28.02	.001	58.84		.02
4	8		198.92		24.87	.000	49.73		.01
246	568		81,030.94		142.66	.015	329.39		2.14
32	592		70,544.45		119.16	.016	2204.51		1.86
0	0		.00		.00	.000	.00		.00
2	5		52.00		10.40	.000	26.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
1,518	245,968		96,067.17		.39	6.484	63.29		2.53
2	4	\$	184.49	\$	46.12	.000	\$ 92.25	\$.00
6,223	43,592	\$	1,021,085.96	\$	23.42	1.149	\$ 164.08	\$	26.92
	0 217 0 834 1 28 26 16 10 4 246 32 0 2 0 0	0 217 2,237 0 0 834 2,063 1 3 28 56 26 78 16 57 10 21 4 8 246 568 32 592 0 0 2 5 0 0 0 0 0 0 1,518 245,968 2	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 217 2,237 127,181.00 0 0 .00 834 2,063 25,148.81 1 3 3.69 28 56 1,129.91 26 78 6,064.01 16 57 5,475.61 10 21 588.40 4 8 198.92 246 568 81,030.94 32 592 70,544.45 0 0 .00 2 5 52.00 0 0 .00 2 5 52.00 0 0 .00 1,518 245,968 96,067.17 2 4 \$ 184.49	0 0 .00 217 2,237 127,181.00 0 0 .00 834 2,063 25,148.81 1 3 3.69 28 56 1,129.91 26 78 6,064.01 16 57 5,475.61 10 21 588.40 4 8 198.92 246 568 81,030.94 32 592 70,544.45 0 0 .00 2 5 52.00 0 0 .00 2 5 52.00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00	0 0 .00 .00 217 2,237 127,181.00 56.85 0 0 .00 .00 834 2,063 25,148.81 12.19 1 3 3.69 1.23 28 56 1,129.91 20.18 26 78 6,064.01 77.74 16 57 5,475.61 96.06 10 21 588.40 28.02 4 8 198.92 24.87 246 568 81,030.94 142.66 32 592 70,544.45 119.16 0 0 .00 .00 2 5 52.00 10.40 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 1,518 245,968 96,067.17 .39 2 4 \$ 1,844.49 \$ <td>0 0 .00 .00 .000 217 2,237 127,181.00 56.85 .059 0 0 .00 .00 .000 834 2,063 25,148.81 12.19 .054 1 3 3.69 1.23 .000 28 56 1,129.91 20.18 .001 26 78 6,064.01 77.74 .002 16 57 5,475.61 96.06 .002 10 21 588.40 28.02 .001 4 8 198.92 24.87 .000 246 568 81,030.94 142.66 .015 32 592 70,544.45 119.16 .016 0 0 .00 .00 .000 2 5 52.00 10.40 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 <</td> <td>0 0 .00 .00 .000 .00 217 2,237 127,181.00 56.85 .059 586.09 0 0 .00 .00 .000 .000 .00 834 2,063 25,148.81 12.19 .054 30.15 1 3 3.69 1.23 .000 3.69 28 56 1,129.91 20.18 .001 40.35 26 78 6,064.01 77.74 .002 233.23 16 57 5,475.61 96.06 .002 342.23 10 21 588.40 28.02 .001 58.84 4 8 198.92 24.87 .000 49.73 246 568 81,030.94 142.66 .015 329.39 32 592 70,544.45 119.16 .016 2204.51 0 0 .00 .00 .00 .00 2 5 52.00 10.40 .00 .00 0 0 .00</td> <td>0 0 .00 .00 .00 .00 217 2,237 127,181.00 56.85 .059 586.09 0 0 .00 .00 .000 .00 834 2,063 25,148.81 12.19 .054 30.15 1 3 3.69 1.23 .000 3.69 28 56 1,129.91 20.18 .001 40.35 26 78 6,064.01 77.74 .002 233.23 16 57 5,475.61 96.06 .002 342.23 10 21 588.40 28.02 .001 58.84 4 8 198.92 24.87 .000 49.73 246 568 81,030.94 142.66 .015 329.39 32 592 70,544.45 119.16 .016 2204.51 0 0 .00 .00 .00 .00 2 5 52.00 10.40 .000 .00 0 0 .00 .00 .</td>	0 0 .00 .00 .000 217 2,237 127,181.00 56.85 .059 0 0 .00 .00 .000 834 2,063 25,148.81 12.19 .054 1 3 3.69 1.23 .000 28 56 1,129.91 20.18 .001 26 78 6,064.01 77.74 .002 16 57 5,475.61 96.06 .002 10 21 588.40 28.02 .001 4 8 198.92 24.87 .000 246 568 81,030.94 142.66 .015 32 592 70,544.45 119.16 .016 0 0 .00 .00 .000 2 5 52.00 10.40 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 <	0 0 .00 .00 .000 .00 217 2,237 127,181.00 56.85 .059 586.09 0 0 .00 .00 .000 .000 .00 834 2,063 25,148.81 12.19 .054 30.15 1 3 3.69 1.23 .000 3.69 28 56 1,129.91 20.18 .001 40.35 26 78 6,064.01 77.74 .002 233.23 16 57 5,475.61 96.06 .002 342.23 10 21 588.40 28.02 .001 58.84 4 8 198.92 24.87 .000 49.73 246 568 81,030.94 142.66 .015 329.39 32 592 70,544.45 119.16 .016 2204.51 0 0 .00 .00 .00 .00 2 5 52.00 10.40 .00 .00 0 0 .00	0 0 .00 .00 .00 .00 217 2,237 127,181.00 56.85 .059 586.09 0 0 .00 .00 .000 .00 834 2,063 25,148.81 12.19 .054 30.15 1 3 3.69 1.23 .000 3.69 28 56 1,129.91 20.18 .001 40.35 26 78 6,064.01 77.74 .002 233.23 16 57 5,475.61 96.06 .002 342.23 10 21 588.40 28.02 .001 58.84 4 8 198.92 24.87 .000 49.73 246 568 81,030.94 142.66 .015 329.39 32 592 70,544.45 119.16 .016 2204.51 0 0 .00 .00 .00 .00 2 5 52.00 10.40 .000 .00 0 0 .00 .00 .

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,697
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

					MC	NTHLY AVERA	GE
81 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	85	4,827 \$	125,545.94	\$ 26.01	59.593	\$ 1477.01	\$ 1549.95
@PHYSICIANS SERVICES	27	167 \$	9,084.54	\$ 54.40	2.062	\$ 336.46	\$ 112.15
OUTPATIENT VISITS	12	16	592.78	37.05	.198	49.40	7.32
OFFICE VISITS	10	13	348.00	26.77	.160	34.80	4.30
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	244.78	81.59	.037	81.59	3.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	21	1,017.73	48.46	.259	169.62	12.56
HOSPITAL VISITS	6	21	1,017.73	48.46	.259	169.62	12.56
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	92.88	46.44	.025	92.88	1.15
EXAMINATIONS	1	2	92.88	46.44	.025	92.88	1.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	37	917.04	24.78	.457	305.68	11.32
PRINCIPAL SURGEON	1	3	170.88	56.96	.037	170.88	2.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	34	746.16	21.95	.420	248.72	9.21
OUTPATIENT SURGERY	4	12	1,909.28	159.11	.148	477.32	23.57
PRINCIPAL SURGEON	3	6	1,629.01	271.50	.074	543.00	20.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	280.27	46.71	.074	280.27	3.46
DIALYSIS	10	50	2,995.16	59.90	.617	299.52	36.98
PATHOLOGY	1	1	10.22	10.22	.012	10.22	.13

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	6	15		997.76		66.52	.185		166.29		12.32
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	12	13		551.69		42.44	.160		45.97		6.81
@PHARMACY	62	1,000	\$	29,472.45	\$	29.47	12.346	\$	475.36	\$	363.86
PRESCRIPTION DRUGS	59	302		28,780.04		95.30	3.728		487.80		355.31
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	59	302		28,780.04		95.30	3.728		487.80		355.31
MEDICAL SUPPLIES	11	698		692.41		.99	8.617		62.95		8.55
@DENTIST	2	3	\$	70.00	\$	23.33	.037	\$	35.00	\$.86
VISITS - DIAGNOSTIC	2	3		70.00		23.33	.037		35.00		.86
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 17,698
MOP024	FEE-FOR-SERVICE/DEN	NTAL									03/14/05

AID CODE 24

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 81 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 329.07 \$ 32.91 .123 \$ 109.69 \$ 4.06 10 \$ 75.11 75.11 75.11 DIAGNOSTIC AND ANC. PROCED .012 EYE APPLIANCES 205.97 29.42 .086 68.66 2.54 47.99 OTHER OPTOMETRIC SERVICES 47.99 24.00 .025 .00 \$.00 .00 \$.000 \$ @CHIROPRACTOR VISITS 0 .00 .00 .000 .00 .00 .00 .00 0 .000 OTHER SERVICES .00 .00 164.62 \$ 20.58 .099 \$ @PODIATRIST 41.16 \$ 81.20 40.60 .025 40.60 MEDICINE/INJECTIONS 32.02 SURGERY/ANES. 32.02 .012 32.02 RADIO./PATHOLOGY 34.60 17.30 .025 34.60 OTHER 16.80 5.60 .037 16.80 .21 7 \$ 0 \$ 479.29 \$ 68.47 @HOME HEALTH AGENCY .086 \$ 479.29 \$ 5.92 .00 \$.00 .00 \$ NURSE ANESTHESIST .000 \$.00 NURSE MIDWIFE .00 \$.000 \$.00 \$.00 .00 0 \$.000 \$.00 PEDIATRIC NURSE PRACTITIONER .00 \$.00 \$ FAMILY NURSE PRACTITIONER 0 \$.00 \$.00 .000 \$.00 \$ 20 27,102.03 \$ 268.34 @TOTAL HOSPITAL 101 1.247 \$ 1355.10 \$ 334.59 1025.00 HOSP INPATIENT TOTAL 24 24,600.00 .296 6150.00 303.70 1025.00 .296 6150.00 303.70 HSC HOSPITALS 24,600.00 NON-HSC HOSPITAL TOTAL 0 .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 .000 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 .00 ALL OTHER ACCOM .000 .00 .00 ANCILLARIES .00 .000

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

VENTURA COUNTY

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17	77	2,502.03	32.49	.951	147.18	30.89
MEDICAL	6	7	233.08	33.30	.086	38.85	2.88
SURGERY	5	6	432.15	72.03	.074	86.43	5.34
PATHOLOGY	6	17	125.28	7.37	.210	20.88	1.55
RADIOLOGY	7	13	1,036.45	79.73	.160	148.06	12.80
ROOM USE	11	15	494.32	32.95	.185	44.94	6.10
CROSSOVERS/ALL OTH OUTPTNT		19	180.75	9.51	.235	22.59	2.23
@COUNTY HOSPITAL TOTAL	6	16 \$	460.78	\$ 28.80	.198 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00		.000	.00	
	0	0		.00			.00
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	16	460.78	28.80	.198	76.80	5.69
MEDICAL	5	6	191.44	31.91	.074	38.29	2.36
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	14.10	4.70	.037	4.70	.17
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	6	7	255.24	36.46	.086	42.54	3.15
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN		2004	PAGE 17,699
MOP024	FEE-FOR-SERVICE	:/DENTAL					03/14/05
	FEE-FOR-SERVICE SUMMARY OF SERV		- BLIND	AID CODE	2.4		03/14/05
MOP024 VENTURA COUNTY		COMMON TO SOC OF THE S	- BLIND	AID CODE		THLY AVERA	,,
VENTURA COUNTY	SUMMARY OF SERV	TICES FOR MN - NO SOC			MON'		GE
VENTURA COUNTY		VICES FOR MN - NO SOCURITY OF SERVICE	- BLIND EXPENDITURES	AVERAGE COST	MON' UNITS/DAYS	COST PER	GE COST PER
VENTURA COUNTY 81 ELIGIBLES	SUMMARY OF SERV	ICES FOR MN - NO SOCULIVITY OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON' UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 14	UNITS OF SERVICE OR DAYS OF CARE 85 \$	EXPENDITURES 26,641.25	AVERAGE COST PER UNIT/DAY \$ 313.43	MON' UNITS/DAYS PER ELIG 1.049 \$	COST PER USER 1902.95	GE COST PER ELIGIBLE \$ 328.90
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 85 \$ 24	EXPENDITURES 26,641.25 24,600.00	AVERAGE COST PER UNIT/DAY \$ 313.43	UNITS/DAYS PER ELIG 1.049 \$.296	COST PER USER 1902.95 6150.00	GE COST PER ELIGIBLE \$ 328.90 303.70
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 14	UNITS OF SERVICE OR DAYS OF CARE 85 \$ 24 24	EXPENDITURES 26,641.25 24,600.00 24,600.00	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00	MON' UNITS/DAYS PER ELIG 1.049 \$.296 .296	COST PER USER 1902.95 6150.00 6150.00	GE COST PER ELIGIBLE \$ 328.90 303.70 303.70
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 14	UNITS OF SERVICE OR DAYS OF CARE 85 \$ 24 24 0	EXPENDITURES 26,641.25 24,600.00 24,600.00	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00	MON' UNITS/DAYS PER ELIG 1.049 \$.296 .296	COST PER USER 1902.95 6150.00 6150.00	COST PER ELIGIBLE \$ 328.90 303.70 303.70 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 14	UNITS OF SERVICE OR DAYS OF CARE 85 \$ 24 24	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00	MON'S UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000	COST PER USER 1902.95 6150.00 6150.00 .00	COST PER ELIGIBLE \$ 328.90 303.70 303.70 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVUSERS 14 4 4 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 85 \$ 24 24 0 0 0	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00	MON'S UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000	COST PER USER 1902.95 6150.00 6150.00 .00 .00	COST PER ELIGIBLE \$ 328.90 303.70 303.70 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 14	UNITS OF SERVICE OR DAYS OF CARE 85 \$ 24 24 0	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000	COST PER USER 1902.95 6150.00 6150.00 .00 .00	COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVUSERS 14 4 4 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00	COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVUSERS 14 4 4 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00	MON' UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00	COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVUSERS 14 4 4 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0 0	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00 .00 .00	MON'S UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000 .000	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00 .00	COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0 0 0	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000 .000	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0 0 0 0 0 0 61	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00 .00 .00 .00 .33.46	MONY UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 14 4 4 0 0 0 0 0 0 11 1	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0 0 0 0 0 1	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000 .000	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0 0 0 0 0 0 61	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00 .00 .00 .00 .33.46	MONY UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 14 4 4 0 0 0 0 0 0 11 1	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0 0 0 0 0 1	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ 328.90 303.70 00 .00 .00 .00 .00 .00 .00 .00 .00 .
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 14 4 4 0 0 0 0 0 0 11 1 5	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0 0 0 0 0 61 1	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV USERS 14 4 4 0 0 0 0 0 11 1 5 3	UNITS OF SERVICE OR DAYS OF CARE 85 \$ 24 24 0 0 0 0 0 0 0 0 0 1 0 0 0 1 1 1 6 14	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00 .00 .00 .00 .00 .00 .185.57 41.64 86.43 37.06	COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 14 4 4 0 0 0 0 0 0 11 1 5 3 7	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0 0 0 0 1 1 6 14 13	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00 .00 .00 .00 .00 .00 .185.57 41.64 86.43 37.06 148.06 47.82	COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 14 4 4 0 0 0 0 0 0 11 1 5 3 7 5	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0 0 0 0 1 1 6 14 13 8	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00 .00 .00 .00 .00 .185.57 41.64 86.43 37.06 148.06 47.82 22.59	GE COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 14 4 4 0 0 0 0 0 0 0 11 1 5 3 7 5 8	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0 0 0 0 0 1 1 6 14 13 8 19 0 \$	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00 .00 .00 .00 .00 .185.57 41.64 86.43 37.06 148.06 47.82 22.59 .00	GE COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 14 4 4 0 0 0 0 0 0 0 11 1 5 3 7 5 8 0	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0 0 0 0 0 1 1 6 14 13 8 19 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00 .00 .00 .00 .00 .185.57 41.64 86.43 37.06 148.06 47.82 22.59 .00 .00	COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 14 4 4 0 0 0 0 0 0 0 11 1 5 3 7 5 8 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0 0 0 0 0 61 1 6 14 13 8 19 0 \$ 0 0 0 0 0	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00 .00 .00 2,041.25 41.64 432.15 111.18 1,036.45 239.08 180.75 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00 .00 .00 .00 .33.46 41.64 72.03 7.94 79.73 29.89 9.51 \$.00 .00 .00	MONY UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00 .00 .00 .00 .00 .185.57 41.64 86.43 37.06 148.06 47.82 22.59 .00 .00 .00	GE COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00 .00 .00 .00
VENTURA COUNTY 81 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 14 4 4 0 0 0 0 0 0 0 11 1 5 3 7 5 8 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 85 24 24 0 0 0 0 0 0 0 0 1 1 6 14 13 8 19 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	EXPENDITURES 26,641.25 24,600.00 24,600.00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ 313.43 1025.00 1025.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG 1.049 \$.296 .296 .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 1902.95 6150.00 6150.00 .00 .00 .00 .00 .00 .00 .00 .185.57 41.64 86.43 37.06 148.06 47.82 22.59 .00 .00 .00	COST PER ELIGIBLE \$ 328.90 303.70 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	19	1,121	\$	45,359.71	\$	40.46	13.840	\$	2387.35	\$	560.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	19	1,121		45,359.71		40.46	13.840		2387.35		560.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	13	\$	168.40	\$	12.95	.160	\$	28.07	\$	2.08
PATHOLOGY	6	13		168.40		12.95	.160		28.07		2.08
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	173.22	\$	86.61	.025	\$	86.61	\$	2.14
CLINIC	1	1		144.28		144.28	.012		144.28		1.78
SURGICENTER	1	1		28.94		28.94	.012		28.94		.36
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES MO	ONTH-OF-PAYMENT RI	EPORI	FOR JAN	2004 THRU	DEC	2004	P.	AGE 17,700
MOP024	FEE-FOR-SERVICE/I										03/14/05
VENTURA COUNTY	SUMMARY OF SERVIC	CES FOR MN - NO	SOC	- BLIND		AID CODE					
									HLY AVERA		
81 ELIGIBLES		NITS OF SERVIC		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	20	2,395	\$	13,142.61	\$	5.49	29.568	\$	657.13	\$	162.25
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	2,340	8,993.40	3.84	28.889	817.58	111.03
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	11	2,340	8,993.40	3.84	28.889	817.58	111.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	23	1,621.22	70.49	.284	324.24	20.02
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1	2	222.00	111.00	.025	222.00	2.74
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	68.72	11.45	.074	34.36	.85
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	20	2,188.60	109.43	.247	1094.30	27.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	4	48.67	12.17	.049	16.22	.60
@CALIF. CHILDREN SERVICES*	1	7 \$	493.91	\$ 70.56	.086	\$ 493.91	\$ 6.10
@XOVER EXCLUDING STATE HOSP**	18	38 \$	4,625.29	\$ 121.72	.469	\$ 256.96	\$ 57.10

 $[\]ensuremath{\text{@*}}$ Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,701 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	MONTHLY AVER						
21,314 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	20,083	590 , 947 \$	17,724,147.78	\$ 29.99	27.726 \$	882.54	\$ 831.57
@PHYSICIANS SERVICES	4,308	24 , 979 \$	766,941.08	\$ 30.70	1.172 \$	178.03	\$ 35.98
OUTPATIENT VISITS	1,165	1,707	71,162.10	41.69	.080	61.08	3.34
OFFICE VISITS	842	1,239	40,084.20	32.35	.058	47.61	1.88
HOME VISITS	14	17	725.27	42.66	.001	51.81	.03
EMERGENCY ROOM	316	393	28,819.04	73.33	.018	91.20	1.35
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	42	57	1,489.74	26.14	.003	35.47	.07
INPATIENT VISITS	483	3,055	150,379.95	49.22	.143	311.35	7.06
HOSPITAL VISITS	436	2,625	109,384.99	41.67	.123	250.88	5.13
CRITICAL CARE	49	305	35,619.66	116.79	.014	726.93	1.67
SNF/ICF/TRANS IP CARE	52	125	5,375.30	43.00	.006	103.37	.25
OPHTHALMOLOGICAL SERVICES	176	267	11,349.84	42.51	.013	64.49	.53
EXAMINATIONS	175	266	11,312.94	42.53	.012	64.65	.53
SERVICES AND MATERIALS	1	1	36.90	36.90	.000	36.90	.00
INPATIENT HOSPITAL SURGERY	269	2,454	116,191.86	47.35	.115	431.94	5.45
PRINCIPAL SURGEON	191	299	85,034.31	284.40	.014	445.21	3.99
ASSISTANT SURGEON	16	16	3 , 111.70	194.48	.001	194.48	.15
ANESTHESIOLOGIST	98	2,139	28,045.85	13.11	.100	286.18	1.32

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	250	1,165		68,738.70		59.00	.055		274.95		3.23
PRINCIPAL SURGEON	196	243		58 , 288.62		239.87	.011		297.39		2.73
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	65	922		10,450.08		11.33	.043		160.77		.49
DIALYSIS	146	479		37,871.43		79.06	.022		259.39		1.78
PATHOLOGY	431	4,662		24,228.59		5.20	.219		56.21		1.14
RADIOLOGY	770	3,095		126,821.98		40.98	.145		164.70		5.95
PSYCHIATRY	0	, 0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	50	756		7,253.44		9.59	.035		145.07		.34
OTHER SERVICES/ALL X-OVERS	2,379	7,339		152,943.19		20.84	.344		64.29		7.18
@PHARMACY	15,253	227,170	\$	8,003,201.18	\$	35.23	10.658	\$	524.70	\$	375.49
DDECCDIDMION DDICC	11 026	63,401		7,852,305.46		123.85	2.975		525.73		368.41
SNF/ICF	461	3,668		303,599.40		82.77	.172		658.57		14.24
OUTPATIENTS	14.581	59,733		7,548,706.06		126.37	2.803		517.71		354.17
MEDICAL SUPPLIES	1,559	163,769		150,895.72		.92	7.684		96.79		7.08
@DENTIST	1.354	6 , 572	\$	262,480.55	\$	39.94	.308	Ś	193.86	Ś	12.31
VISITS - DIAGNOSTIC	901	3,925	7	50,367.15	,	12.83	.184	т	55.90	4	2.36
ORAL SURGERY	216	734		34,813.35		47.43	.034		161.17		1.63
DRUGS	3 2 2 0	3		25.00		8.33	.000		8.33		.00
ANESTHESIA	2	2		100.00		50.00	.000		50.00		.00
PERIODONTICS	16/	179		19,891.50		111.13	.008		121.29		.93
ENDODONTICS	14,936 461 14,581 1,559 1,354 901 216 3 2 164 110	168		37,134.00		221.04	.008		337.58		1.74
RESTORATIVE DENTISTRY	381	1,092		75,216.55		68.88	.051		197.42		3.53
PROSTHETICS	19	21		1,098.00		52.29	.001		57.79		.05
DENTURES, STAYPLATES	115	391		43,795.00		112.01	.018		380.83		2.05
•	113	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	4		40.00		10.00	.000		10.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES		53									
ALL OTHER SERVICES	44		DEC M	.00		.00	.002	EG 7	.00	ъ.	.00
			KES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU D	ĽC Z	:004	P	AGE 17,702
	FEE-FOR-SERVICE			DIGIDIED 64	CC C11	CII CII CII	0.0				03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC	- DISABLED 64	6G 6H	60 6V 6X		NTITT	77 7 7 7 T T T T T T T T T T T T T T T	CE	
21,314 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7/ 7/ 7/ 7	ACE COCE	UNITS/DAYS		II AVERA ST PER		COST PER
ZI, 314 ELIGIBLES	USEKS	OR DAYS OF CARE		EXPENDITORES			PER ELIG		USER		ELIGIBLE
A O DECOMEED TOE	600			27 021 72							
@OPTOMETRIST	265	1,764 287	\$	37,021.72	\$	20.99	.083 .013	Ş	61.70	Ş	1.74
DIAGNOSTIC AND ANC. PROCED	497	1,408		11,712.73 23,852.05		40.81 16.94			44.20 47.99		.55 1.12
EYE APPLIANCES		1,408		,		21.12	.066		34.69		.07
OTHER OPTOMETRIC SERVICES	42 20		\$	1,456.94	Ċ		.003	Ċ.		ċ	
@CHIROPRACTOR	1.7	42	Ą	668.80	\$	15.92	.002	Ş	33.44	Ş	.03
VISITS	17 3 162 56	37		618.64		16.72	.002		36.39		.03
OTHER SERVICES	1.00	5	<u> </u>	50.16	•	10.03	.000	<u> </u>	16.72	<u> </u>	.00
@PODIATRIST	162	271	\$	4,312.78	\$	15.91	.013	Ş	26.62	Ş	.20
		63		2,020.70		32.07	.003		36.08		.09
SURGERY/ANES.	1	1		8.00		8.00	.000		8.00		.00
RADIO./PATHOLOGY	4	8		138.40		17.30	.000		34.60		.01
OTHER	108	199		2,145.68		10.78	.009		19.87	_	.10
@HOME HEALTH AGENCY	234	37,697	\$	1,127,053.58	\$	29.90			816.47		52.88
NURSE ANESTHESIST	0	0	ş	.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00		\$		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
GTOTAL HOSPITAL	5.256	31 465	S	4 193 942 03	Ś	133 29	1 476	S	797 93	S	196 77

138.29

6717.92 152.55

1.476 \$ 797.93 \$ 196.77

8851.50

4,193,942.03 \$ 133.29 3,251,471.20 1119.27 2,947,550.15 1084.06

.136

.128

5,256

484

333

31,465 2,905

2,719

HOSP INPATIENT TOTAL

@TOTAL HOSPITAL

HSC HOSPITALS

NON-HSC HOSPITAL TOTAL	13	186		142,036.67	763.64	.009	10925.90		6.66
ACCOMMODATIONS	13	186		63 , 370.97	340.70	.009	4874.69		2.97
ADMINISTRATIVE DAYS	2	107		24,749.10	231.30	.005	12374.55		1.16
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	11	79		38,621.87	488.88	.004	3511.08		1.81
ANCILLARIES	13	0		78 , 665.70	.00	.000	6051.21		3.69
INPATIENT CROSSOVERS	142	0		161,884.38	.00	.000	1140.03		7.60
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	4,950	28 , 560		942,470.83	33.00	1.340	190.40		44.22
MEDICAL	2,242	4,462		182,498.78	40.90	.209	81.40		8.56
SURGERY	236	272		37,753.76	138.80	.013	159.97		1.77
PATHOLOGY	1,186	6 , 531		73,673.17	11.28	.306	62.12		3.46
RADIOLOGY	725	1,288		152,190.98	118.16	.060	209.92		7.14
ROOM USE	2,236	4,207		157,854.95	37.52	.197	70.60		7.41
CROSSOVERS/ALL OTH OUTPINT		11,800		338,499.19	28.69	.554	131.46		15.88
@COUNTY HOSPITAL TOTAL	3,807	20,236	\$	2,126,784.41	\$ 105.10	.949	\$ 558.65	\$	99.78
CO HOSPITAL INPATIENT TOTAL	191	1,401		1,433,964.47	1023.53	.066	7507.67		67.28
HSC HOSPITALS	181	1,271		1,387,190.00	1091.42	.060	7664.03		65.08
NON-HSC HOSPITALS TOTAL	7	130		43,242.47	332.63	.006	6177.50		2.03
ACCOMMODATIONS	7	130		30,069.00	231.30	.006	4295.57		1.41
ADMINISTRATIVE DAYS	1	89		20,585.70	231.30	.004	20585.70		.97
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	41		9,483.30	231.30	.002	1580.55		.44
ANCILLARIES	7	0		13,173.47	.00	.000	1881.92		.62
INPATIENT CROSSOVERS	5	0		3,532.00	.00	.000	706.40		.17
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3,717	18,835		692,819.94	36.78	.884	186.39		32.51
MEDICAL	1,896	3,701		148,056.13	40.00	.174	78.09		6.95
SURGERY	133	157		32,805.16	208.95	.007	246.66		1.54
PATHOLOGY	857	4,075		46,906.94	11.51	.191	54.73		2.20
RADIOLOGY	488	818		106,005.29	129.59	.038	217.22		4.97
ROOM USE	1,886	3,496		131,917.78	37.73	.164	69.95		6.19
CROSSOVERS/ALL OTH OUTPINT	1,669	6,588		227,128.64	34.48	.309	136.09		10.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE	17,703
MOP024	FEE-FOR-SERVICE/DE	ENTAL							3/14/05
VENTURA COUNTY	SUMMARY OF SERVICE	ES FOR MN - N	O SOC	- DISABLED 64 6	6G 6H 6U 6V 6X	8G			
						M	ONTHLY AVERA	GE	

					MOI	NIUPI AAFKA	GE
21,314 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,764	11,229	\$ 2,067,157.62	\$ 184.09	.527	1171.86	\$ 96.99
COMM HOSP INPATIENT TOTAL	299	1,504	1,817,506.73	1208.45	.071	6078.62	85.27
HSC HOSPITALS	157	1,448	1,560,360.15	1077.60	.068	9938.60	73.21
NON-HSC HOSPITALS TOTAL	6	56	98 , 794.20	1764.18	.003	16465.70	4.64
ACCOMMODATIONS	6	56	33,301.97	594.68	.003	5550.33	1.56
ADMINISTRATIVE DAYS	1	18	4,163.40	231.30	.001	4163.40	.20
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	38	29,138.57	766.80	.002	5827.71	1.37
ANCILLARIES	6	0	65,492.23	.00	.000	10915.37	3.07
INPATIENT CROSSOVERS	137	0	158,352.38	.00	.000	1155.86	7.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,511	9 , 725	249,650.89	25.67	.456	165.22	11.71
MEDICAL	443	761	34,442.65	45.26	.036	77.75	1.62
SURGERY	106	115	4,948.60	43.03	.005	46.68	.23
PATHOLOGY	359	2,456	26,766.23	10.90	.115	74.56	1.26
RADIOLOGY	257	470	46,185.69	98.27	.022	179.71	2.17
ROOM USE	442	711	25,937.17	36.48	.033	58.68	1.22

CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	1,001	5 , 212		111,370.55		21.37	.245		111.26		5.23
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	190	4,638	\$	911,897.26	\$	196.61	.218	\$	4799.46	\$	42.78
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	14	395		151,887.32		384.52	.019		10849.09		7.13
LEV B-SUBACUTE HSPTL BASED	10	426		233,026.68		547.01	.020		23302.67		10.93
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	166	3,817		526,983.26		138.06	.179		3174.60		24.72
•	10 0 166 33	993	Ś	160,322.45	\$	161.45			4858.26	Ś	7.52
TOF DDH	33 19	557	Τ	93,132.11	Ψ	167.20	.026	Τ.	4901.69	Τ.	4.37
TOF DD	2	271		39,208.14		144.68	.013		4901.02		1.84
ICE DDM/DDCM	6	165		27,982.20		169.59	.008		4663.70		1.31
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	61.4	14,930	Ċ	765,481.14	\$	51.27		Ċ	1246.71	Ċ	35.91
HOCDIMI DACED	014	14,930	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
HEMODIALVETE CENTED	614	14,930		765,481.14		51.27	.700		1246.71		35.91
ADDUADILIMATION DACILIMA	014	3,545	\$		\$	16.59		ċ	266.13	ċ	2.76
UCCDIMAL DAGED	221	•	Ş	58,813.85 11,819.81	Ą	23.73		Ş		Ş	
HOSPITAL BASED INDEPENDENT FACILITY	98	498					.023		120.61		.55
INDEPENDENT FACILITY	1 223	3,047	<u> </u>	46,994.04	<u> </u>	15.42	.143	<u> </u>	382.07	<u> </u>	2.20
@LABORATORY FACILITY	1,200 1,189	5,789	Ş	58,224.86	\$	10.06	.272	Ş	48.52	Þ	2.73
PATHOLOGY	1,189	5,763		58,048.57		10.07	.270		48.82		2.72
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	11	26		176.29		6.78	.001		16.03		.01
@ORGANIZED OUTPATIENT CLINIC	/26	1,463	Ş	109,841.93	Ş	75.08	.069	Ş	151.30	Ş	5.15
CLINIC	124 49 3 566	166		7,078.74		42.64	.008		57.09		.33
SURGICENTER	49	110		7,007.78		63.71	.005		143.02		.33
HEROIN DETOX CLINIC	3	50		547.56		10.95	.002		182.52		.03
		1,137		95 , 207.85		83.74	.053		168.21		4.47
#CALIF DEPT OF HEALTH SERV			ES N	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	PΙ	AGE 17,704
MOP024	FEE-FOR-SERVICE	L/DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC	C - DISABLED 64	6G 6F	1 6U 6V 6X	8G				
							M	TNO	HLY AVERA	GE -	
21,314 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES		OR DAYS OF CARE			PEF	- ,	PER ELIG		USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	2,824	229,601	\$	1,263,600.56	\$		10.772	\$		\$	59.29
DURABLE MED. EQUIP.	160	590		97,956.97		166.03	.028		612.23		4.60
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	5	8		1,097.61		137.20	.000		219.52		.05
MEDICAL TRANSPORTATION	397	27,514		137,950.11		5.01	1.291		347.48		6.47
AMBULANCES/AIR TRANS	189	1,699		27,609.08		16.25	.080		146.08		1.30
OTHER TRANS	164	25,392		105,434.72		4.15	1.191		642.89		4.95
OTHER SERVICES	54	423		4,906.31		11.60	.020		90.86		.23
ACUPUNCTURE	7	21		373.05		17.76	.001		53.29		.02
ADIII.T DAY HEALTH CARE CTR	453	4,983		345,878.35		69.41	.234		763.53		16.23
GENETIC DISEASE TESTING	2	2		210.00		105.00	.000		105.00		.01
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	83	10,458		306,876.60		29.34	.491		3697.31		14.40
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	525	1,200		15,162.03		12.64	.056		28.88		.71
DUVOTONI MUEDADIOM	1	1,200		13,102.03		11 01	.000		20.00		• 7 ±

3

36

350

259

91

27

223

33.73

909.25

36,156.43

27,231.07

8,925.36

17,386.99

834.90

11.24

25.26

103.30

105.14

98.08

30.92

77.97

.000

.002

.016

.012

.004

.001

.010

33.73

47.86

708.95

778.03

557.84

83.49

199.85

.00

.04

1.70

1.28

.42

.04

.82

PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

PORTABLE X-RAY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

1

19

51

35

16

10

87

HOSPICE SERVICES	28	676		86,142.31	127.43	.032	3076	.51	4.04
NONINST BIRTHING CENTERS	0	0		.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	250	52 , 099		110,023.55	2.11	2.444	440	.09	5.16
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	6	28		344.01	12.29	.001	57	. 34	.02
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	926	131,411		106,608.68	.81	6.165	115	.13	5.00
@CALIF. CHILDREN SERVICES*	248	19,897	\$	350,909.66	\$ 17.64	.934	\$ 1414	. 96	\$ 16.46
@XOVER EXCLUDING STATE HOSP**	4,455	40,294	\$	892,217.83	\$ 22.14	1.890	\$ 200	. 27	\$ 41.86
0* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION	ITEM ONLY;						

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,705 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K VENTURA COUNTY

					MO1	NTHLY AVERA	GE
USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
241,120	1,442,982	\$	66,414,225.55	\$ 46.03	2.376	\$ 275.44	\$ 109.36
67 , 052	176,022	\$	8,081,620.04	\$ 45.91	.290	\$ 120.53	\$ 13.31
46,082	61,638		2,200,339.76	35.70	.101	47.75	3.62
34 , 865	45,291		1,414,816.69	31.24	.075	40.58	2.33
1	1		37.42	37.42	.000	37.42	.00
9,368	10,279		531,211.84	51.68	.017	56.70	.87
1,203	1,235		49,879.86	40.39	.002	41.46	.08
1,420	3,511		157,717.30	44.92	.006	111.07	.26
1,113	1,321		46,676.65	35.33	.002	41.94	.08
4,552	15,481		1,168,295.18	75.47	.025	256.66	1.92
4,136	10,625		494,991.20	46.59	.017	119.68	.82
568	4,781		670,505.36	140.24	.008	1180.47	1.10
27	75		2,798.62	37.31	.000	103.65	.00
831	1,161		48,084.05	41.42	.002	57.86	.08
	241,120 67,052 46,082 34,865 1 9,368 1,203 1,420 1,113 4,552 4,136 568 27	OR DAYS OF CAR 241,120 67,052 46,082 34,865 1 9,368 1,203 1,203 1,420 3,511 1,113 1,321 4,552 4,136 568 4,781 27 75	OR DAYS OF CARE 241,120	OR DAYS OF CARE 241,120	OR DAYS OF CARE 241,120 1,442,982 176,022 8,081,620.04 45.91 46,082 61,638 2,200,339.76 34,865 45,291 1,414,816.69 31.24 1 1 37.42 9,368 10,279 531,211.84 51.68 1,203 1,235 49,879.86 40.39 1,420 3,511 157,717.30 44.92 1,113 1,321 46,676.65 35.33 4,552 15,481 1,168,295.18 75.47 4,136 10,625 494,991.20 46.59 568 4,781 670,505.36 140.24 27 75 2,798.62	USERS UNITS OF SERVICE OR DAYS OF CARE 241,120	OR DAYS OF CARE 241,120 1,442,982 \$ 66,414,225.55 \$ 46.03 2.376 \$ 275.44 67,052 176,022 \$ 8,081,620.04 \$ 45.91 .290 \$ 120.53 46,082 61,638 2,200,339.76 35.70 .101 47.75 34,865 45,291 1,414,816.69 31.24 .075 40.58 1 37.42 9,368 10,279 531,211.84 51.68 .017 56.70 1,203 1,235 49,879.86 49,879.86 40.39 .002 41.46 1,420 3,511 157,717.30 44.92 .006 111.07 1,113 1,321 46,676.65 35.33 .002 41.94 4,552 15,481 1,168,295.18 75.47 .025 256.66 4,136 10,625 494,991.20 46.59 .017 119.68 568 4,781 670,505.36 140.24 .008 1180.47 27 75 2,798.62 37.31 .000

T113 1/T113 TT 0110	010	1 1 4 2		47 550 00		41 60	000		F0 00		0.0
EXAMINATIONS	819	1,143		47,552.23		41.60	.002		58.06		.08
SERVICES AND MATERIALS	18	18		531.82		29.55 100.49	.000		29.55		.00
INPATIENT HOSPITAL SURGERY	4,964	25,109		2,523,243.69		100.49	.041		508.31		4.15
PRINCIPAL SURGEON	3,212	3,718		2,022,922.62		544.09	.006		629.80		3.33
ASSISTANT SURGEON	390	389		74,921.29		192.60	.001		192.11		.12
ANESTHESIOLOGIST	2,005	21,002		425,399.78		20.26	.035		212.17		.70
ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY	3,458	389 21,002 11,736		596,818.36		192.60 20.26 50.85	.019		172.59		.98
PRINCIPAL SURGEON	2,816	3,494		483,024.32		138.24	.006		171.53		.80
ASSISTANT SURGEON	23	24		2,744.48		114.35	.000		119.33 122.71		.00
ANESTHESIOLOGIST	905	8,218		111,049.56		13.51	.014		122.71		.18
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY	133	403		37,794.29		114.35 13.51 93.78	.001		284.17		.06
PATHOLOGY	8.660	24.653		37,794.29 176,681.81		7.17	.041		20.40		.29
RADIOLOGY	13,599	22.033		754.935.53		34.26	.036		55.51		1.24
PSYCHIATRY	3	22,000		754,935.53 28.07		34.26 9.36	.000		9.36		.00
IMMUNIZATION AND INJECTION	1 740	3 273		184,120.44		56.25	.005		105.82		.30
OTHER SERVICES/ALL X-OVERS	5,582	10,532		391 278 86		37 15	.017				.64
@PHARMACY	111 959	377,547	¢	391,278.86 13,259,978.73 12,800,101.58	Ċ	35 12	622		118.54	Ċ	21.83
PRESCRIPTION DRUGS	111,858 110,624	261,066	Ÿ	12 800 101 58	Ÿ	10 03	.430	Y	115.71		21.03
CNE/ICE	110,024	201,000		52,000,101.30		65.81	.001				
SNF/ICF OUTPATIENTS	110 520	260 262		12 747 107 71		10 00	.429		115.33		
OUTPATIENTS	110,320	200,202		12,747,187.71 459,877.15 4,163,446.97		40.90	.429		113.33		.76
MEDICAL SUPPLIES @DENTIST	3,753	116,481	<u> </u>	459,877.15	<u> </u>	3.95	.192		122.54		
@DENTIST VISITS - DIAGNOSTIC	25,933	153,599	\$	4,163,446.97	\$	2/.11	.253	Ş	160.55	Ş	
VISITS - DIAGNOSTIC	19,492	107,989		1,361,548.61		12.61	.178		69.85		2.24
ORAL SORGERI	3,500	6,805		405,907.07		59.65 21.99	.011		115.97 26.29		. 67
DRUGS	465	556		12,225.00		21.99	.001		26.29		. 02
ANESTHESIA	47	74		3,560.00		48.11	.000		75.74		
						108.72	.002				
ENDODONTICS	2 , 497	4,621		541,476.13		117.18	.008		216.85 161.63		.89
RESTORATIVE DENTISTRY	9 , 092	28 , 841		1,469,540.61		50.95	.047		161.63		2.42
PROSTHETICS	116	125		541,476.13 1,469,540.61 3,083.50		24.67	.000		26.58		.01
DENTURES, STAYPLATES	213	1,019		66,744.51		65.50	.002		313.35		.11
ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	316	403		43,137.00 6,105.64 3,550.00		107.04	.001		136.51 103.49		.07
MAXILLOFACIAL SERVICES	59	63		6,105.64		96.91	.000		103.49		.01
FRACTURES, DISLOCATIONS	6	12		3,550.00		295.83	.000		591.67		.01
ORTHODONTIC SERVICES	1,195	1,436		111,230.00		77.46	.002		93.08		.18
ALL OTHER SERVICES	562										.01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITE	JRES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	Р	AGE 17,706
MOP024	FEE-FOR-SERVIC	E/DENTAL									03/14/05
VENTURA COUNTY			SOC-F	AM 34 39 3N 3T 3V	54 59	5.T 5W-5Y	6.T 7.T 7K				00/11/00
. 21.1 0141 0001111	SSIMMIN OF BUIL	. 1020 1010 1110 1100		01 03 01 01 0	01 00	00 011 01	M	ЮИТЕ	HLY AVERA	GE	
607,326 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVER	AGE COST	UNITS/DAY				COST PER
307 , 320 HH101HH0	00110	OR DAYS OF CAR		121 110 1 1 0 KEO			PER ELIC				ELIGIBLE
@OPTOMETRIST	7,006	19,240	\$	444,866.17	\$	23.12	.032				.73
C O L 1 O L 1 D L L L L L L L L L L L L L L L L L	,,000	10121U	~	1 1 1 0 0 0 0 1 /	Ψ	•	. 0 0 2	~	00.00	~	• 1 🗸

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607,326 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	7,006	19,240	\$ 444,866.17	\$	23.12	.032	\$	63.50	\$.73
DIAGNOSTIC AND ANC. PROCED	5,501	5 , 969	237,396.68		39.77	.010		43.16		.39
EYE APPLIANCES	4,579	12 , 968	198,708.62		15.32	.021		43.40		.33
OTHER OPTOMETRIC SERVICES	238	303	8,760.87		28.91	.000		36.81		.01
@CHIROPRACTOR	292	531	\$ 8,773.82	\$	16.52	.001	\$	30.05	\$.01
VISITS	292	531	8,773.82		16.52	.001		30.05		.01
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	1,674	4,680	\$ 157,501.34	\$	33.65	.008	\$	94.09	\$.26
MEDICINE/INJECTIONS	1,530	1,824	65,148.37		35.72	.003		42.58		.11
SURGERY/ANES.	489	549	11,182.48		20.37	.001		22.87		.02
RADIO./PATHOLOGY	636	1,168	20,688.54		17.71	.002		32.53		.03
OTHER	684	1,139	60,481.95		53.10	.002		88.42		.10
@HOME HEALTH AGENCY	155	754	\$ 53,190.80	\$	70.54	.001	\$	343.17	\$.09
NURSE ANESTHESIST	5	17	\$ 31.66	\$	1.86	.000	\$	6.33	\$.00

NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ©TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT ©COUNTY HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOPO 24 VENTURA COUNTY	60 54	485 77	\$ \$	22,730.96 3,040.57	\$ 46.87 \$ 39.49	.001	\$ 378.85 \$ 56.31	\$ \$.04
FAMILY NURSE PRACTITIONER	6	11	\$	327.35	\$ 29.76	.000	\$ 54.56	\$.00
@TOTAL HOSPITAL	80 , 179	338,767	\$	31,732,933.31	\$ 93.67	.558	\$ 395.78	\$	52.25
HOSP INPATIENT TOTAL	4,866	17,452		21,153,726.09	1212.11	.029	4347.25		34.83
HSC HOSPITALS	4,761	17,054		20,134,780.11	1180.65	.028	4229.11 11430.71		33.15
NON-HSC HOSPITAL TOTAL	86	398		983,041.35	2469.95	.001	11430.71		1.62
ACCOMMODATIONS	85	398		209,843.23	527.24	.001	2468.74		.35
ADMINISTRATIVE DAYS	0	U		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	U	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	85	398		209,843.23	527.24	.001	.00 2468.74 9096.45		.35
ANCILLARIES	85	0		7/3,198.12	.00	.000	9096.45		.06
INPATIENT CROSSOVERS	23	0		35,904.63	.00	.000	1430.19		.00
HOCD OUTDATTENT TOTAL	77 700	221 215		10 570 207 22	32 02	520	126 14		17 42
MEDICAL	11,109	72 060		2 452 275 10	34 03	110	136.14 49.22 71.52		17.42
GIIDCEDV	49,024 1 576	5 346		327 260 11	61 22	000	71 52		5/
PATHOLOGY	23 245	74 291		755 058 89	10 16	122	32 48		1 24
RADIOLOGY	12 632	17 191		1 343 515 43	78 15	028	32.48 106.36		2 21
ROOM USE	64.418	92.429		3.370.213.23	36 46	152	52 32		5.55
CROSSOVERS/ALL OTH OUTPTNT	20.804	59.998		2.330.884 46	38 85	099	112 04		3.84
@COUNTY HOSPITAL TOTAL	48,390	190,151	\$	15,851,209.68	\$ 83.36	.313	\$ 327.57	Ś	26.10
CO HOSPITAL INPATIENT TOTAL	2,130	7,484		9,196,703.82	1228.85	.012	4317.70		15.14
HSC HOSPITALS	2,128	7,449		9,186,124.55	1233.20	.012	4316.79		15.13
NON-HSC HOSPITALS TOTAL	. 2	35		8,863.27	253.24	.000	4431.64		.01
ACCOMMODATIONS	2	35		8,095.50	231.30	.000	4431.64 4047.75 .00		.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 4047.75		.00
ALL OTHER ACCOM	2	35		8,095.50	231.30	.000	4047.75		.01
ANCILLARIES	1	0		767.77	.00	.000	767.77		.00
INPATIENT CROSSOVERS	2	0		1,716.00	.00	.000	858.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	47 , 630	182,667		6,654,505.86	36.43	.301	.00 139.71 46.77		10.96
MEDICAL	34,430	47,903		1,610,224.79	33.61	.079	46.77		2.65
SURGERY	1,899	2,330		210,788.92	90.47	.004	111.00 27.17		.35
PATHOLOGY	12,124	31,572		329,353.55	10.43	.052	27.17 118.44 53.37 163.49		.54
RADIOLOGY	5,975	7,868		707,681.91	89.94	.013	118.44		1.17
ROOM USE	41,1/6	58,981		2,197,400.93	37.26	.097	53.3/		3.62
CROSSOVERS/ALL OTH OUTPINT	9,/81	34,U13	DEC M	1,599,055./6	4/.U1	.056	163.49	D.7	2.63
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	LENDAI EXPENDITO	KES M	IONIH-OF-PAIMENI I	REPORT FOR JAN	2004 IRO L	DEC 2004	PF	AGE 17,707 03/14/05
VENTURA COUNTY	SIMMARY OF SERVICE	TOES FOR MN-NOS	OC-FA	M 34 39 3N 3T 3V	54 59 5.T 5W-5	V 6.T 7.T 7K			03/14/03
		TODO FOR PIN NOO	OC IA	IN 34 33 3N 31 3V	34 33 30 3W 3		NTHLY AVERA		
607,326 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COS'				
		OR DAYS OF CAR	F.		PER UNIT/DA	Y PER ELIG	USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35,327	148,616	\$	15,881,723.63	\$ 106.86	.245	\$ 449.56	\$	26.15
COMM HOSP INPATIENT TOTAL	2,762	9,968		11,957,022.27		.016	4329.12		19.69
HSC HOSPITALS	2,658	9,605		10,948,655.56	1139.89	.016	4119.13		18.03
NON-HSC HOSPITALS TOTAL	84	363		974,178.08	2683.69	.001	11597.36		1.60
ACCOMMODATIONS	83	363		201,747.73	555.78	.001	2430.70		.33
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	83	363		201,747.73	555.78	.001	2430.70		.33
ANCILLARIES	84	0		772,430.35	.00	.000	9195.60		1.27
INPATIENT CROSSOVERS	23	0		34,188.63	.00	.000	1486.46		.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00

COMM HOOD OHEDAETENE BORAT	22 400	120 640		2 024 701 26		20 21	220	117 [1		C 1C
COMM HOSP OUTPATIENT TOTAL	33,400	138,648		3,924,701.36		28.31	.228	117.51		6.46
MEDICAL		24,157		842,050.31		34.86	.040	50.39		1.39
SURGERY	2,707	3,016		116,471.19		38.62	.005	43.03		.19
PATHOLOGY	11,536	42,719		425,705.34		9.97	.070	36.90		.70
RADIOLOGY	6,874	9,323		635,833.52		68.20	.015	92.50		1.05
ROOM USE	25,315	33,448		1,172,812.30		35.06	.055	46.33		1.93
CROSSOVERS/ALL OTH OUTPTNT	•	25,985	_	731,828.70	_		.043	65.03	_	1.21
@STATE HOSPITAL	11	336	\$	235,814.88	\$			\$ 21437.72	Ş	.39
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	11	336		235,814.88		701.83	.001	21437.72		.39
@NURSING FACILITY	54	1,452	\$	402,831.45	\$			\$ 7459.84	\$.66
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	2	18		6,866.10		381.45	.000	3433.05		.01
LEV B-SUBACUTE HSPTL BASED	8	470		261,672.86		556.75	.001	32709.11		.43
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	44	964		134,292.49		139.31	.002	3052.10		.22
@INTERMEDIATE CARE FACILDD	10	455	\$	81,067.90	\$	178.17	.001	\$ 8106.79	\$.13
ICF DDH	4	316		51,635.05		163.40	.001	12908.76		.09
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	6	139		29,432.85		211.75	.000	4905.48		.05
@HEMODIALYSIS TOTAL	252	11,572	\$	486,324.28	\$	42.03	.019	\$ 1929.86	\$.80
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	252	11,572		486,324.28		42.03	.019	1929.86		.80
@REHABILITATION FACILITY	694	5,481	\$	115,248.78	\$	21.03	.009	\$ 166.06	\$.19
HOSPITAL BASED	548	2,929		72,922.47		24.90	.005	133.07		.12
INDEPENDENT FACILITY	146	2,552		42,326.31		16.59	.004	289.91		.07
@LABORATORY FACILITY	26,631	99,778	\$	1,231,815.93	\$	12.35	.164	\$ 46.25	\$	2.03
PATHOLOGY	26,565	99,668		1,225,817.25		12.30	.164	46.14		2.02
XO AND OTHERS	106	110		5,998.68		54.53	.000	56.59		.01
@ORGANIZED OUTPATIENT CLINIC	26,101	43,862	\$	4,409,091.29	\$	100.52	.072	\$ 168.92	\$	7.26
CLINIC	3,111	6,309		247,119.43		39.17	.010	79.43		.41
SURGICENTER	304	506		25,405.54		50.21	.001	83.57		.04
HEROIN DETOX CLINIC	18	233		2,737.27		11.75		152.07		.00
RURAL HEALTH CLINIC	23,254	36,814		4,133,829.05		112.29	.061	177.77		6.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M		EPOR'	T FOR JAN 2	2004 THRU	DEC 2004	PA	GE 17,708
MOP024 FEE-FOR-SERVICE/DENTAL								03/14/05		
VENTURA COUNTY	SUMMARY OF SERVICES		OC-FA	M 34 39 3N 3T 3V 5	54 5	9 5J 5W-5Y	6J 7J 7K			-, , ,

					MONTHLY AVERAGE				
607,326 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@ALL OTHER PROVIDERS	20,703	208,313 \$	1,523,544.86	\$ 7.31	.343	73.59	\$ 2.51		
DURABLE MED. EQUIP.	685	2,661	156,088.60	58.66	.004	227.87	.26		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	7	27	3,196.80	118.40	.000	456.69	.01		
MEDICAL TRANSPORTATION	1,779	23,538	330,935.19	14.06	.039	186.02	.54		
AMBULANCES/AIR TRANS	1,729	16,403	239,673.05	14.61	.027	138.62	.39		
OTHER TRANS	37	6 , 965	26,264.62	3.77	.011	709.85	.04		
OTHER SERVICES	52	170	64 , 997.52	382.34	.000	1249.95	.11		
ACUPUNCTURE	40	131	2,297.78	17.54	.000	57.44	.00		
ADULT DAY HEALTH CARE CTR	69	766	53,420.08	69.74	.001	774.20	.09		
GENETIC DISEASE TESTING	1,163	1,164	122,100.00	104.90	.002	104.99	.20		
IHMC, MODEL-NF, NF, AIDS, MSSP	11	27	3,695.33	136.86	.000	335.94	.01		
OCCUPATIONAL THERAPIST	8	97	1,249.41	12.88	.000	156.18	.00		
OPTICIAN	4,655	10,640	102,941.68	9.67	.018	22.11	.17		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		

2	3		97.17		32.39	.000	48.59		.00
273	493		55,142.96		111.85	.001	201.99		.09
215	275		26,633.30		96.85	.000	123.88		.04
58	218		28,509.66		130.78	.000	491.55		.05
1	5		313.42		62.68	.000	313.42		.00
556	1,442		72,284.66		50.13	.002	130.01		.12
9	140		18,770.28		134.07	.000	2085.59		.03
0	0		.00		.00	.000	.00		.00
10,825	61 , 379		513 , 796.67		8.37	.101	47.46		.85
23	453		2,255.44		4.98	.001	98.06		.00
1	3		44.46		14.82	.000	44.46		.00
0	0		.00		.00	.000	.00		.00
935	105,347		84,959.39		.81	.173	90.87		.14
2,411	54 , 876	\$	6,678,039.50	\$	121.69	.090	\$ 2769.82	\$	11.00
904	11,735	\$	231,488.41	\$	19.73	.019	\$ 256.07	\$.38
	215 58 1 556 9 0 10,825 23 1 0 935 2,411	215 275 58 218 1 5 556 1,442 9 140 0 0 10,825 61,379 23 453 1 3 0 0 935 105,347 2,411 54,876	215 275 58 218 1 556 1,442 9 140 0 0 10,825 61,379 23 453 1 3 0 0 935 105,347 2,411 54,876 \$	273 493 55,142.96 215 275 26,633.30 58 218 28,509.66 1 5 313.42 556 1,442 72,284.66 9 140 18,770.28 0 0 .00 10,825 61,379 513,796.67 23 453 2,255.44 1 3 44.46 0 0 .00 935 105,347 84,959.39 2,411 54,876 \$ 6,678,039.50	273 493 55,142.96 215 275 26,633.30 58 218 28,509.66 1 5 313.42 556 1,442 72,284.66 9 140 18,770.28 0 0 .00 10,825 61,379 513,796.67 23 453 2,255.44 1 3 44.46 0 0 .00 935 105,347 84,959.39 2,411 54,876 \$ 6,678,039.50 \$	273 493 55,142.96 111.85 215 275 26,633.30 96.85 58 218 28,509.66 130.78 1 5 313.42 62.68 556 1,442 72,284.66 50.13 9 140 18,770.28 134.07 0 0 .00 .00 10,825 61,379 513,796.67 8.37 23 453 2,255.44 4.98 1 3 44.46 14.82 0 0 .00 .00 935 105,347 84,959.39 .81 2,411 54,876 \$ 6,678,039.50 \$ 121.69	273 493 55,142.96 111.85 .001 215 275 26,633.30 96.85 .000 58 218 28,509.66 130.78 .000 1 5 313.42 62.68 .000 556 1,442 72,284.66 50.13 .002 9 140 18,770.28 134.07 .000 0 0 .00 .00 .00 10,825 61,379 513,796.67 8.37 .101 23 453 2,255.44 4.98 .001 1 3 44.46 14.82 .000 0 0 .00 .00 .00 935 105,347 84,959.39 .81 .173 2,411 54,876 6,678,039.50 \$ 121.69 .090	273 493 55,142.96 111.85 .001 201.99 215 275 26,633.30 96.85 .000 123.88 58 218 28,509.66 130.78 .000 491.55 1 5 313.42 62.68 .000 313.42 556 1,442 72,284.66 50.13 .002 130.01 9 140 18,770.28 134.07 .000 2085.59 0 0 .00 .00 .00 .00 10,825 61,379 513,796.67 8.37 .101 47.46 23 453 2,255.44 4.98 .001 98.06 1 3 44.46 14.82 .000 44.46 0 0 .00 .00 .00 .00 935 105,347 84,959.39 .81 .173 90.87 2,411 54,876 6,678,039.50 \$ 121.69 .090 \$ 2769.82	273 493 55,142.96 111.85 .001 201.99 215 275 26,633.30 96.85 .000 123.88 58 218 28,509.66 130.78 .000 491.55 1 5 313.42 62.68 .000 313.42 556 1,442 72,284.66 50.13 .002 130.01 9 140 18,770.28 134.07 .000 2085.59 0 0 .00 .00 .000 .00 10,825 61,379 513,796.67 8.37 .101 47.46 23 453 2,255.44 4.98 .001 98.06 1 3 44.46 14.82 .000 44.46 0 0 .00 .00 .00 .00 935 105,347 84,959.39 .81 .173 90.87 2,411 54,876 6,678,039.50 \$ 121.69 .090 \$ 2769.82 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,709
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

----- MONTHLY AVERAGE -----666,657 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 289,570 2,747,742 97,703,461.98 35.56 4.122 \$ 337.41 \$ 146.56 .343 \$ 124.32 \$ @PHYSICIANS SERVICES 77,256 228,465 9,604,300.20 \$ 42.04 49,085 65,944 35.93 .099 48.27 OUTPATIENT VISITS 2,369,154.63 41.05 37,386 48,885 1,534,529.37 31.39 .073 2.30 OFFICE VISITS 15 42.37 50.85 HOME VISITS 18 762.69 .000 .00 12.37 53.00 40.39 44.92 34.82 69.63 45.49 138.46 40.94 41.61 41.75 31.25 93.64 EMERGENCY ROOM 9,892 10,898 577,614.45 .016 58.39 .87 .002 41.46 .005 111.07 1,236 PREVENTIVE CARE 1,204 49,923.71 .07 3,511 OB VISITS/COMPRE PERI 1,420 157,717.30 1,396 OTHER OUTPATIENT 1,171 48,607.11 .002 41.51 .07 262.61 INPATIENT VISITS 5,267 19,865 1,383,158.14 .030 2.07 4,796 14,493 .022 137.48 HOSPITAL VISITS 659,343.95 CRITICAL CARE 647 5,167 715,421.72 .008 1105.75 1.07 SNF/ICF/TRANS IP CARE 83 205 8,392.47 .000 101.11 .01 OPHTHALMOLOGICAL SERVICES 1,343 79,273.29 59.03 1,905 .003 .12 78,523.29 1,328 1,881 .003 59.13 EXAMINATIONS .12 SERVICES AND MATERIALS 24 24 750.00 .000 31.25 .00 INPATIENT HOSPITAL SURGERY 5,369 28,761 2,693,240.35 501.63 .043 4,137 3,497 2,145,668.81 518.65 .006 613.57 PRINCIPAL SURGEON 3.22 ASSISTANT SURGEON 416 414 80,181.52 193.68 .001 192.74 .12 24,210 19.31 216.79 ANESTHESIOLOGIST 2,156 467,390.02 .036 OUTPATIENT SURGERY 3,995 13,692 755,063.94 55.15 .021 189.00 1.13 3,240 4,028 619,147.45 153.71 .006 191.09 PRINCIPAL SURGEON 24 114.35 119.33 ASSISTANT SURGEON 2,744.48 .000 13.81 81.17 6.73 37.73 9.36 1,047 127.19 9,640 133,172.01 13.81 .014 ANESTHESIOLOGIST .20 345 1,126 91,394.48 264.91 .14 DIALYSIS .002 32,852 23.12 PATHOLOGY 9,559 .049 .33 221,016.80 27,151 1,024,352.33 67.50 RADIOLOGY 15,176 1.54 .041 3 3 28.07 .000 9.36 .00 PSYCHIATRY 1,881 4,514 212,309.35 47.03 112.87 .32 IMMUNIZATION AND INJECTION .007 32,652 775,308.82 23.74 OTHER SERVICES/ALL X-OVERS 11,572 .049 67.00 1.16 149,395 925,882 27,843,131.06 1.389 \$ @PHARMACY 30.07 186.37 \$ 41.77 PRESCRIPTION DRUGS 147,360 406,977 27,052,900.91 66.47 .610 183.58 40.58

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

/	1 000	0 011	600 000 00	60.04	0.1.4	E 6 0 1 E	0.0
SNF/ICF	1,093	9,011	622,099.72	69.04	.014	569.17	.93
OUTPATIENTS	146,465	397 , 966	26,430,801.19	66.41	.597	180.46	39.65
MEDICAL SUPPLIES	7 , 256	518 , 905	790,230.15	1.52	.778	108.91	1.19
@DENTIST	28 , 862	167,370 \$	4,727,718.47	\$ 28.25	.251 \$	163.80	\$ 7.09
VISITS - DIAGNOSTIC	21,432	116 , 367	1,464,364.11	12.58	.175	68.33	2.20
ORAL SURGERY	3 , 991	8 , 373	484,111.67	57.82	.013	121.30	.73
DRUGS	468	559	12,250.00	21.91	.001	26.18	.02
ANESTHESIA	53	80	4,060.00	50.75	.000	76.60	.01
PERIODONTICS	1,466	1,504	163,675.40	108.83	.002	111.65	.25
ENDODONTICS	2,681	4,901	603,229.38	123.08	.007	225.00	.90
RESTORATIVE DENTISTRY	9,757	30,674	1,594,948.26	52.00	.046	163.47	2.39
PROSTHETICS	160	174	5,130.00	29.48	.000	32.06	.01
DENTURES, STAYPLATES	622	2,269	225,712.01	99.48	.003	362.88	.34
SPACE MAINTAINERS	316	403	43,137.00	107.04	.001	136.51	.06
MAXILLOFACIAL SERVICES	63	67	6,145.64	91.73	.000	97.55	.01
FRACTURES, DISLOCATIONS	6	12	3,550.00	295.83	.000	591.67	.01
ORTHODONTIC SERVICES	1,195	1,436	111,230.00	77.46	.002	93.08	.17
ALL OTHER SERVICES	639	551	6,175.00	11.21	.001	9.66	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	•	EPORT FOR JAN 2		2004	PAGE 17,710
MOP024	FEE-FOR-SERVICE						03/14/05
VENTURA COUNTY		ICES FOR MN - NO SC	C - TOTAL				
					MON'	THLY AVERA	GE
666,657 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	8,514	23,563 \$	536,348.06	\$ 22.76	.035 \$		_
DIAGNOSTIC AND ANC. PROCED	6,096	6,618	263,361.99	39.79		43.20	.40
EYE APPLIANCES	5,800	16,422	259,052.85	15.77			.39
OTHER OPTOMETRIC SERVICES	363	523	13,933.22	26.64	.001	38.38	.02
OTHER OFFORMITTE DERIVIOED	505	323	13,333.22	20.01	• 001	50.50	. 02

9,779.50 \$

9,593.10

186.40

170,075.66 \$

16.27

16.51

9.32

30.66

.001 \$

.008 \$

.001

.000

30.09 \$

78.59 \$

30.26

23.30

.01

.01

.00

.26

601

581

20

5,548

325

317

2,164

8

@CHIROPRACTOR

OTHER SERVICES

VISITS

@PODIATRIST

MEDICINE/INJECTIONS	1,656	1,973		70,195.87	35.58	.003	42.39		.11
SURGERY/ANES.	500	561		11,939.80	21.28	.003	23.88		.02
RADIO./PATHOLOGY	648	1,188		21,034.54	17.71	.002	32.46		.03
OTHER	1,046	1,826		66,905.45	36.64	.003	63.96		.10
@HOME HEALTH AGENCY	438	38,640 \$			\$ 30.88		2724.13		1.79
NURSE ANESTHESIST	5	17 \$			\$ 1.86	.000 \$	6.33	\$.00
NURSE MIDWIFE	60	485 \$		22,730.96	\$ 46.87	.001 \$	378.85	\$.03
PEDIATRIC NURSE PRACTITIONER	54	77 \$			\$ 39.49	.000 \$.00
FAMILY NURSE PRACTITIONER	6	11 \$			\$ 29.76	.000 \$.00
@TOTAL HOSPITAL	89,715	388,425 \$		37,607,371.57			419.19		56.41
HOSP INPATIENT TOTAL	5 , 688	21,476		25,617,618.69	1192.85	.032	4503.80	Y	38.43
		•							
HSC HOSPITALS	5,295	20,874		24,144,379.46	1156.67		4559.85		36.22
NON-HSC HOSPITAL TOTAL	104	602			1914.55	.001	11082.31		1.73
ACCOMMODATIONS	103	602		276,796.88	459.80	.001	2687.35		.42
ADMINISTRATIVE DAYS	2	107		24,749.10	231.30	.000	12374.55		.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	101	495		252,047.78	509.19	.001	2495.52		.38
ANCILLARIES	103	0		875,763.47	.00	.000	8502.56		1.31
INPATIENT CROSSOVERS	301	0		320,678.88	.00	.000	1065.38		.48
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	86 , 697	366 , 949		11,989,752.88	32.67	.550	138.29		17.98
MEDICAL	53,622	79,147		2,733,476.26	34.54	.119	50.98		4.10
				, ,					
SURGERY	4,981	5,791		384,077.52	66.32	.009	77.11		.58
PATHOLOGY	25,169	83,950		859,811.90	10.24	.126	34.16		1.29
RADIOLOGY	13,887	19,275		1,558,020.38	80.83		112.19		2.34
ROOM USE	68 , 207	98 , 976		3,615,830.39	36.53 35.57	.148	53.01		5.42
CROSSOVERS/ALL OTH OUTPTNT		79,810		2,838,536.43	35.57	.120	110.37		4.26
@COUNTY HOSPITAL TOTAL	54 , 691	218,987 \$		18,508,857.99	\$ 84.52	.328 \$	338.43	\$	27.76
CO HOSPITAL INPATIENT TOTAL	2 , 391	9,168		10,935,399.67	1192.78	.014	4573.57		16.40
HSC HOSPITALS	2,374	8,998			1208.13	.013	4579.10		16.31
NON-HSC HOSPITALS TOTAL	11	170				.000	5039.42		.08
ACCOMMODATIONS	11	170		39,321.00	326.08 231.30	.000	3574.64		.06
ADMINISTRATIVE DAYS	1	89		20,585.70	231.30	.000	20585.70		.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
	10	81							
ALL OTHER ACCOM				18,735.30	231.30	.000	1873.53		.03
ANCILLARIES	10	0		16,112.66	.00	.000	1611.27		.02
INPATIENT CROSSOVERS	12	0		9,188.77	.00	.000	765.73		.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	53 , 808	209 , 819		7,573,458.32	36.10	.315	140.75		11.36
MEDICAL	37 , 463	53 , 358		1,822,081.45	34.15	.080	48.64		2.73
SURGERY	2 , 078	2,528		254,324.84	100.60	.004	122.39		.38
PATHOLOGY	13,360	36,705		386,652.31	10.53	.055	28.94		.58
RADIOLOGY	6,729	9,018		835 , 287.79	92.62	.014	124.13		1.25
ROOM USE	44,182	64,032		2,387,092.95	37.28		54.03		3.58
CROSSOVERS/ALL OTH OUTPTNT		44,178		1,888,018.98	42.74	.066	149.17		2.83
		CES AND EXPENDITURES	MON					DΛ	AGE 17,711
MOP024	FEE-FOR-SERVICE		MON	III OF FAIMENT RE	SPORT FOR UAN 2	TO A THEO DE	C 2004	ĽΔ	03/14/05
			~~	moma i					03/14/03
VENTURA COUNTY	SUMMARY OF SERV	/ICES FOR MN - NO SC	JC -	TOTAL				C D	
666 657 71 767777						MON			
666,657 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	39 , 048	169,438 \$		19,098,513.58	\$ 112.72	.254 \$	489.10	\$	28.65
COMM HOSP INPATIENT TOTAL	3,330	12,308		14,682,219.02	1192.90	.018	4409.07		22.02
HSC HOSPITALS	2,952	11,876		13,273,602.22	1117.68	.018	4496.48		19.91
NON-HSC HOSPITALS TOTAL	93	432		1,097,126.69	2539.65	.001	11797.06		1.65
ACCOMMODATIONS	92	432		237,475.88	549.71	.001	2581.26		.36
				•					

ADMINISTRATIVE DAYS	1	18		4,163.40		231.30	.000		4163.40		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	91	414		233,312.48		563.56	.001		2563.87		.35
ANCILLARIES	93	0		859,650.81		.00	.000		9243.56		1.29
INPATIENT CROSSOVERS		0		311,490.11		.00	.000		1077.82		.47
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	36,640	157,130		4,416,294.56		28.11	.236		120.53		6.62
MEDICAL	17,632	25 , 789		911,394.81		35.34	.039		51.69		1.37
SURGERY	2,936	3,263		129,752.68		39.76	.005		44.19		.19
PATHOLOGY	12 , 275	47 , 245		473 , 159.59		10.02	.071		38.55		.71
RADIOLOGY	7,405	10,257		722,732.59		70.46	.015		97.60		1.08
ROOM USE	26,244	34,944		1,228,737.44		35.16	.052		46.82		1.84
CROSSOVERS/ALL OTH OUTPTNT	13,429	35,632		950,517.45		26.68	.053		70.78		1.43
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	11	336	\$		\$	701.83	.001	\$	21437.72	\$.35
MENTALLY ILL	0	0		.00		.00 701.83	.000		.00		.00
DEVELOP. DISABLED	11	336		235,814.88		701.83	.001		21437.72		.35
@NURSING FACILITY	722	15 , 476	\$		\$			\$	3921.57	\$	4.25
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		413		158,753.42		384.39	.001		9922.09		.24
LEV B-SUBACUTE HSPTL BASED	18	896		494,699.54		552.12	.001		27483.31		.74
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	688 43	14,167		2,177,922.07		153.73	.021		3165.58		3.27
@INTERMEDIATE CARE FACILDD	43	1,448	Ş		Ş	166.71	.002	Ş	5613.73	Ş	.36
ICF DDH	23	873		144,767.16		165.83	.001		6294.22		.22
ICF DD	8	271		39,208.14		144.68	.000		4901.02		.06
ICF DDN/DDCN	12	304	_	57,415.05	_	188.87		_	4784.59	_	.09
@HEMODIALYSIS TOTAL	1,156	31,582	Ş	1,568,323.33	Ş			Ş	1356.68	Ş	2.35
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1,156	31,582	<u> </u>		^		.047	<u> </u>	1356.68	<u> </u>	2.35
@REHABILITATION FACILITY HOSPITAL BASED	939	9,155	\$		\$			Ş	188.68	Ş	.27
		3,556				24.70	.005		131.12		.13
INDEPENDENT FACILITY	269 29 , 133	5 , 599	Ċ	89,320.35	Ċ	15.95 12.05	.008	Ċ	332.05	ċ	.13
@LABORATORY FACILITY	29,133	112,386	Ş		\$	12.05	.169	Þ		Ş	2.03
PATHOLOGY	29,040	112,202		1,347,590.88		12.01 35.10	.168		46.40		2.02
XO AND OTHERS	133	104		6,457.73	<u> </u>	35.10	.000	<u> </u>	48.55	<u> </u>	.01
@ORGANIZED OUTPATIENT CLINIC	27,980	47,313	\$		\$.071	Þ		Ş	7.01
CLINIC	3,497 447	6,827 801		267,881.29		39.24 56.88	.010		76.60 101.92		.40
SURGICENTER HEROIN DETOX CLINIC	21	283		45,560.27 3,284.83		11.61	.001		156.42		.07
RURAL HEALTH CLINIC	24,648	39 , 402		4,357,498.77		110.59	.059		176.79		6.54
#CALIF DEPT OF HEALTH SERV	MEDI_CNI CEDUIC	SEC AND EVDENDIMIE	EC M	IONTH-OF-PAYMENT RE	ZDOD#			DEC		D 7	GE 17,712
MOP024	FEE-FOR-SERVICE		ES M	IONIH-OF-FAIMENI KE	FLOKI	FOR JAN	2004 INKO	טבונ	2004	FF	03/14/05
VENTURA COUNTY		ICES FOR MN - NC	900	· _ TOTAI							03/14/03
VENTORA COUNTI	SUMMANT OF SERV	TOES FOR PIN NO	, 500	TOTAL			N	יוארו	THLY AVERA	CF -	
666,657 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z/L	RACE COST	' UNITS/DAY				COST PER
000,007 EDIGIDLES	ODERO	OR DAYS OF CARE		EXIENDITORES			PER ELIG		USER		CLIGIBLE
@ALL OTHER PROVIDERS	28,508	750,931	\$	4,902,702.33	\$	6.53		,	171.98		7.35
DURABLE MED. EQUIP.	1,082	3,676	Ψ	287,249.03	Y	78.14	.006	Ψ	265.48	۲	.43
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	39	81		12,158.51		150.11	.000		311.76		.02
MEDICAL TRANSPORTATION	2,525	89 , 908		606,518.96		6.75	.135		240.21		.91
AMBULANCES/AIR TRANS	2,033	18,884		280,322.93		14.84	.028		137.89		.42
OTHER TRANS	330	69,462		254,065.08		3.66	.104		769.89		.38
OTHER SERVICES	214	1,562		72,130.95		46.18	.002		337.06		.11
ACUPUNCTURE	92	304		5,353.48		17.61	.000		58.19		.01
				3,323.10							

2 , 458	27 , 677		1,923,522.58		69.50	.042		782.56		2.89
1,165	1,166		122,310.00		104.90	.002		104.99		.18
312	12,724		437,974.93		34.42	.019)	1403.77		.66
8	97		1,249.41		12.88	.000)	156.18		.00
6,016	13,909		143,321.24		10.30	.021		23.82		.21
2	6		37.42		6.24	.000)	18.71		.00
49	95		2,136.33		22.49	.000)	43.60		.00
350	921		97,363.40		105.71	.002		278.18		.15
266	591		59 , 339.98		100.41	.002		223.08		.09
84	330		38,023.42		115.22	.000)	452.66		.06
15	40		1,347.24		33.68	.000)	89.82		.00
889	2,233		170,702.59		76.45	.003	3	192.02		.26
71	1,428		177,645.64		124.40	.002		2502.05		.27
0	0		.00		.00	.000)	.00		.00
11,077	113,483		623,872.22		5.50	.170)	56.32		.94
23	453		2,255.44		4.98	.001		98.06		.00
7	31		388.47		12.53	.000)	55.50		.00
0	0		.00		.00	.000)	.00		.00
3 , 382	482,730		287 , 683.91		.60	.72	:	85.06		.43
2,662	74,784	\$	7,029,627.56	\$	94.00	.112	\$	2640.73	\$	10.54
11,600	95 , 659	\$	2,149,417.49	\$	22.47	.143	\$	185.29	\$	3.22
	1,165 312 8 6,016 2 49 350 266 84 15 889 71 0 11,077 23 7 0 3,382 2,662	1,165 312 8 97 6,016 13,909 2 6,49 95 350 921 266 591 84 330 15 40 889 2,233 71 1,428 0 0 11,077 113,483 23 453 7 0 3,382 482,730 2,662 74,784	1,165 312 12,724 8 97 6,016 13,909 2 49 95 350 921 266 591 84 330 15 40 889 2,233 71 1,428 0 0 11,077 113,483 23 7 31 0 3,382 482,730 2,662 74,784 \$	1,165 1,166 122,310.00 312 12,724 437,974.93 8 97 1,249.41 6,016 13,909 143,321.24 2 6 37.42 49 95 2,136.33 350 921 97,363.40 266 591 59,339.98 84 330 38,023.42 15 40 1,347.24 889 2,233 170,702.59 71 1,428 177,645.64 0 0 .00 11,077 113,483 623,872.22 23 453 2,255.44 7 31 388.47 0 0 .00 3,382 482,730 287,683.91 2,662 74,784 7,029,627.56	1,165 1,166 122,310.00 312 12,724 437,974.93 8 97 1,249.41 6,016 13,909 143,321.24 2 6 37.42 49 95 2,136.33 350 921 97,363.40 266 591 59,339.98 84 330 38,023.42 15 40 1,347.24 889 2,233 170,702.59 71 1,428 177,645.64 0 0 .00 11,077 113,483 623,872.22 23 453 2,255.44 7 31 388.47 0 .00 3,382 482,730 287,683.91 2,662 74,784 7,029,627.56 \$	1,165 1,166 122,310.00 104.90 312 12,724 437,974.93 34.42 8 97 1,249.41 12.88 6,016 13,909 143,321.24 10.30 2 6 37.42 6.24 49 95 2,136.33 22.49 350 921 97,363.40 105.71 266 591 59,339.98 100.41 84 330 38,023.42 115.22 15 40 1,347.24 33.68 889 2,233 170,702.59 76.45 71 1,428 177,645.64 124.40 0 0 .00 .00 11,077 113,483 623,872.22 5.50 23 453 2,255.44 4.98 7 31 388.47 12.53 0 0 .00 .00 3,382 482,730 287,683.91 .60 2,662 74,784 7,029,627.56 \$ 94.00	1,165 1,166 122,310.00 104.90 .002 312 12,724 437,974.93 34.42 .019 8 97 1,249.41 12.88 .000 6,016 13,909 143,321.24 10.30 .021 2 6 37.42 6.24 .000 49 95 2,136.33 22.49 .000 350 921 97,363.40 105.71 .001 266 591 59,339.98 100.41 .001 84 330 38,023.42 115.22 .000 15 40 1,347.24 33.68 .000 889 2,233 170,702.59 76.45 .003 71 1,428 177,645.64 124.40 .002 10 0 .00 .00 .00 11,077 113,483 623,872.22 5.50 .170 23 453 2,255.44 4.98 .001 7 31 388.47 12.53 .000 0 0 .00 .00	1,165 1,166 122,310.00 104.90 .002 312 12,724 437,974.93 34.42 .019 8 97 1,249.41 12.88 .000 6,016 13,909 143,321.24 10.30 .021 2 6 37.42 6.24 .000 49 95 2,136.33 22.49 .000 350 921 97,363.40 105.71 .001 266 591 59,339.98 100.41 .001 84 330 38,023.42 115.22 .000 15 40 1,347.24 33.68 .000 889 2,233 170,702.59 76.45 .003 71 1,428 177,645.64 124.40 .002 0 0 .00 .00 .00 11,077 113,483 623,872.22 5.50 .170 23 453 2,255.44 4.98 .001 7 31 388.47 12.53 .000 0 .00 .00 .0	1,165 1,166 122,310.00 104.90 .002 104.99 312 12,724 437,974.93 34.42 .019 1403.77 8 97 1,249.41 12.88 .000 156.18 6,016 13,909 143,321.24 10.30 .021 23.82 2 6 37.42 6.24 .000 18.71 49 95 2,136.33 22.49 .000 43.60 350 921 97,363.40 105.71 .001 278.18 266 591 9339.98 100.41 .001 223.08 84 330 38,023.42 115.22 .000 452.66 15 40 1,347.24 33.68 .000 89.82 889 2,233 170,702.59 76.45 .003 192.02 71 1,428 177,645.64 124.40 .002 2502.05 0 0 .00 .00 .00 .00 11,077 113,483 623,872.22 5.50 .170 56.32	1,165 1,166 122,310.00 104.90 .002 104.99 312 12,724 437,974.93 34.42 .019 1403.77 8 97 1,249.41 12.88 .000 156.18 6,016 13,909 143,321.24 10.30 .021 23.82 2 6 37.42 6.24 .000 18.71 49 95 2,136.33 22.49 .000 43.60 350 921 97,363.40 105.71 .001 278.18 266 591 59,339.98 100.41 .001 223.08 84 330 38,023.42 115.22 .000 452.66 15 40 1,347.24 33.68 .000 89.82 889 2,233 170,702.59 76.45 .003 192.02 71 1,428 177,645.64 124.40 .002 2502.05 0 0 .00 .00 .00 .00 11,077 113,483 623,872.22 5.50 .170 56.32

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,713
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

VENTORIA COCIVII	DOIMMING OF DELIC	VIOLO ION INV DOC II	CDD	TITE CODE I			
					MON	THLY AVERA	GE
509 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	722	16 , 774 \$	833,189.48	\$ 49.67	32.955 \$	1154.00	\$ 1636.91
@PHYSICIANS SERVICES	85	1,119 \$	6,224.59	\$ 5.56	2.198 \$	73.23	\$ 12.23
OUTPATIENT VISITS	2	2	66.04	33.02	.004	33.02	.13
OFFICE VISITS	1	1	12.00	12.00	.002	12.00	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	54.04	54.04	.002	54.04	.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	10	240.03	24.00	.020	80.01	.47
HOSPITAL VISITS	3	10	240.03	24.00	.020	80.01	.47
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	8	134.55	16.82	.016	67.28	.26
PRINCIPAL SURGEON	1	1	11.50	11.50	.002	11.50	.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	123.05	17.58	.014	123.05	.24
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	1	1		4.29		4.29	.002		4.29		.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	81	1,098		5,779.68		5.26	2.157		71.35		11.35
@PHARMACY	376	5 , 697	\$	174,525.30	\$	30.63	11.193	\$	464.16	\$	342.88
PRESCRIPTION DRUGS	367	2,037		173,120.30		84.99	4.002		471.72		340.12
SNF/ICF	102	893		50,360.72		56.39	1.754		493.73		98.94
OUTPATIENTS	265	1,144		122,759.58		107.31	2.248		463.24		241.18
MEDICAL SUPPLIES	21	3,660		1,405.00		.38	7.191		66.90		2.76
@DENTIST	86	380	\$	12,447.50	\$	32.76	.747	\$	144.74	\$	24.45
VISITS - DIAGNOSTIC	55	232		1,305.00		5.63	.456		23.73		2.56
ORAL SURGERY	7	42		1,548.50		36.87	.083		221.21		3.04
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	7	7		354.00		50.57	.014		50.57		.70
ENDODONTICS	3	3		260.00		86.67	.006		86.67		.51
RESTORATIVE DENTISTRY	20	63		4,020.00		63.81	.124		201.00		7.90
PROSTHETICS	1	1		30.00		30.00	.002		30.00		.06
DENTURES, STAYPLATES	15	29		4,930.00		170.00	.057		328.67		9.69
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	3		.00		.00	.006		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI) EXPENDITUR	RES M	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2004 THRU	DEC	2004	PF	AGE 17,714
	//	_									00/14/05

MOP024 FEE-FOR-SERVICES AND EXPENDITURES MONTH-OF-PAIMENT REPORT FOR SAN 2004 THRO DEC 2004 PAGE 17,714

03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

						M	ONT	HLY AVERA	GE.	
509 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	13	36	\$ 616.10	\$	17.11	.071	\$	47.39	\$	1.21
DIAGNOSTIC AND ANC. PROCED	2	2	63.87		31.94	.004		31.94		.13
EYE APPLIANCES	13	34	552.23		16.24	.067		42.48		1.08
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	9	16	\$ 44.13	\$	2.76	.031	\$	4.90	\$.09
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	9	16	44.13		2.76	.031		4.90		.09
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	75	218	\$ 16,148.61	\$	74.08	.428	\$	215.31	\$	31.73
HOSP INPATIENT TOTAL	14	0	15,952.35		.00	.000		1139.45		31.34
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	14	0	15,952.35	.00	.000	1139.45	31.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	61	218	196.26	.90	.428	3.22	.39
MEDICAL	3	5	2,977.91CR	595.58CR	.010	992.64CR	5.85CR
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	6	153.06	25.51	.012	153.06	.30
RADIOLOGY	_ 1	1	14.12	14.12	.002	14.12	.03
ROOM USE	3	1CR	44.35CR	44.35	.002CR	14.78CR	.09CR
CROSSOVERS/ALL OTH OUTPTNT	58	207	3,051.34	14.74	.407	52.61	5.99
@COUNTY HOSPITAL TOTAL	42	127 \$	2,276.78 \$	17.93	.250 \$	54.21 \$	
CO HOSPITAL INPATIENT TOTAL	2	0	4,292.53	.00	.000	2146.27	8.43
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	4,292.53	.00	.000	2146.27	8.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	40	127	2,015.75CR	15.87CR	.250	50.39CR	3.96CR
MEDICAL	2	0	3,308.53CR	.00	.000	1654.27CR	6.50CR
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	8CR	49.31CR	6.16	.016CR	.00	.10CR
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	1CR	44.35CR	44.35	.002CR	22.18CR	.09CR
CROSSOVERS/ALL OTH OUTPTNT	38	136	1,386.44	10.19	.267	36.49	2.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MONTH-	OF-PAYMENT REPOR	T FOR JAN 2004	THRU DEC	2004	PAGE 17,715
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	MN - SOC - AGED	A	ID CODE 17 1Y			
					MONT	HLY AVERAGE	

509 ELIGIBLES

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	T.		PEF	R UNIT/DAY	PER ELIG	:	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34	91	\$	13,871.83	\$	152.44	.179		408.00		27.25
COMM HOSP INPATIENT TOTAL	12	0		11,659.82	·	.00	.000	•	971.65		22.91
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	12	0		11,659.82		.00	.000		971.65		22.91
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	22	91		2,212.01		24.31	.179		100.55		4.35
MEDICAL	1	5		330.62		66.12	.010		330.62		.65
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	14		202.37		14.46	.028		202.37		.40
RADIOLOGY	1	1		14.12		14.12	.002		14.12		.03
ROOM USE	1	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	21 7	71	ċ	1,664.90	ć	23.45	.139	<u>_</u>	79.28	Ċ	3.27
@STATE HOSPITAL	0	245	\$	164,485.07	\$	671.37		Þ	23497.87	Ş	323.15
MENTALLY ILL	7	0 245		.00 164,485.07		.00 671.37	.000 .481		.00 23497.87		.00 323.15
DEVELOP. DISABLED @NURSING FACILITY	158		\$	422,973.13	\$	122.28	6.796	ċ	2677.05	Ċ	830.99
LEV A-INTERMEDIATE	120	3 , 459	Ş	.00	Ş	.00	.000	Ą	.00	ې	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	3	30		15,013.87		500.46	.059		5004.62		29.50
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	156	3,429		407,959.26		118.97	6.737		2615.12		801.49
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	·	.00	.000	•	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	8	12	\$	3,363.54	\$	280.30	.024	\$	420.44	\$	6.61
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	8	12		3,363.54		280.30	.024		420.44		6.61
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	3	\$	36.70	\$	12.23	.006	\$	12.23	Ş	.07
PATHOLOGY	1	1		20.34		20.34	.002		20.34		.04
XO AND OTHERS	2 17	2 36	\$	16.36	Ċ	8.18	.004	~	8.18	ċ	.03
@ORGANIZED OUTPATIENT CLINIC	2		Ą	4,169.45 36.67	\$	115.82 18.34	.071	Ą	245.26 18.34	Ş	8.19 .07
CLINIC SURGICENTER	1	2		200.63		200.63	.004		200.63		.39
HEROIN DETOX CLINIC	0	0		.00		.00	.002		.00		.00
RURAL HEALTH CLINIC		33		3,932.15							7.73
				MONTH-OF-PAYMENT R							AGE 17,716
	FEE-FOR-SERVICE		. (110		CDI OICI	. 1010 07110 2	2001 111110	טםכ	2001		03/14/05
		,	oc -	AGED	A]	D CODE 17	1Y				00, 11, 00
								CNO	THLY AVERA	GE ·	
509 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	ERAGE COST					COST PER
		OR DAYS OF CAR	₹.		PEF	R UNIT/DAY	PER ELIG	j	USER		ELIGIBLE
@ALL OTHER PROVIDERS	72	5 , 553	\$	28,155.36	\$	5.07	10.910	\$	391.05	\$	55.32
DURABLE MED. EQUIP.	2	6		1,925.05		320.84	.012		962.53		3.78
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	1	2	881.51	440.76	.004	881.51	1.73
MEDICAL TRANSPORTATION	14	2,638	8,466.41	3.21	5.183	604.74	16.63
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	14	2,638	8,466.41	3.21	5.183	604.74	16.63
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	151	8,275.93	54.81	.297	827.59	16.26
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	24	280.08	11.67	.047	25.46	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	6	119.76	19.96	.012	119.76	.24
SPEECH AND AUDIOLOGY	10	19	2,137.45	112.50	.037	213.75	4.20
HOSPICE SERVICES	4	42	4,772.04	113.62	.083	1193.01	9.38
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	2 , 665	1,297.13	.49	5.236	64.86	2.55
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000		\$.00
@XOVER EXCLUDING STATE HOSP**	221	3,261	\$ 93,404.43	\$ 28.64	6.407	\$ 422.64	\$ 183.51

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IND02 BIIII INC INCEOBED I	., 1110 11111(011(11111 D111111 D111110 1100) 1.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 17,717
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27	

VENTORA COUNTI	DOMINANT OF DELIVE	TODO FOR MIN DOC DI	IIID	AID CODE	2 /		
					MON'	THLY AVERAG	E
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	Ő	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
	0	0								
PATHOLOGY	•	U	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00		.00
@PHARMACY	0	0 5	.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00		.00	.000		.00		.00
SNF/ICF	0	0	.00		.00	.000		.00		.00
OUTPATIENTS	0	0	.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
	0			Ċ			Ċ		ċ	
@DENTIST			.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000		.00		.00
ORAL SURGERY	0	0	.00		.00	.000		.00		.00
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00
	0	0	.00		.00	.000		.00		
PROSTHETICS	0	•								.00
DENTURES, STAYPLATES	· ·	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	^	0.0		.00	000		.00		.00
	U	U	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
	· ·	0								
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0	.00	REPORT	.00	.000	DEC	.00	P.A	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 0 MEDI-CAL SERVICE	0 ES AND EXPENDITURES	.00	REPORT	.00	.000	DEC	.00	PA	.00 .00 AGE 17,718
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE,	0 ES AND EXPENDITURES DENTAL	.00 .00 MONTH-OF-PAYMENT F	REPORT	.00 .00 FOR JAN 2	.000 .000 2004 THRU	DEC	.00	P.A	.00
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ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 01 ELIGIBLES	0 0 0 MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERVI	0 ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	.00 .00 S MONTH-OF-PAYMENT F - BLIND EXPENDITURES	AVE PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG	ONTH S (.00 .00 2004 HLY AVERA COST PER USER	GE - C E	.00 .00 AGE 17,718 03/14/05 COST PER CLIGIBLE
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ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$ \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S (\$ \$.00 .00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE - C F	.00 .00 .00 AGE 17,718 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$ \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S C \$ \$.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE - C H	.00 .00 .00 AGE 17,718 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S S \$ \$.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C H	.00 .00 .00 AGE 17,718 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	O O O O O O O O O O O O O O O O O O O	O ES AND EXPENDITURES DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST .UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S S S S S S S	.00 .00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	G S S S S S S S S S S S S S S S S S S S	.00 .00 .00 .00 .00 .03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES O DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O SOC O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S S \$ \$ \$ \$ \$.00 .00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	G S S S S S S S S S S S S S S S S S S S	.00 .00 .00 .00 .00 .03/14/05 .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	USERS USERS 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURES (DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O SOC O S	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CODE RAGE COST .UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S S \$ \$ \$ \$ \$.00 .00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	G S S S S S S S S S S S S S S S S S S S	.00 .00 .00 .00 .00 .03/14/05

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-	-PAYMENT REPO	ORT FOR JAN 20	04 THRU DEC	2004	PAGE 17,719
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	MN - SOC	C - BLIND		AID CODE 2	7		
					_	MONT	HLY AVERAC	GE

					MON	THLY AVERAG	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITU	RES MONTH-O	F-PAYMENT RE	PORT	FOR JAN 2004	THRU	DEC 2	004	PA	GE 17,720
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	MN - S	OC - BLIND			AID CODE 27					

01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
0		OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	0 0 0 0	0 0 0 \$ 0 \$.00	.00 \$.00	.000 .000 \$.00 .00	.00 \$.00

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,721 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

	MONTHLY AVERAGE								
1,069 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	1,550	31,528 \$	1,708,041.38	\$ 54.18	29.493	\$ 1101.96	\$ 1597.79		
@PHYSICIANS SERVICES	399	2 , 957 \$	96,909.64	\$ 32.77	2.766	\$ 242.88	\$ 90.65		
OUTPATIENT VISITS	64	79	4,561.52	57.74	.074	71.27	4.27		
OFFICE VISITS	22	24	787.14	32.80	.022	35.78	.74		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	41	51	3,617.90	70.94	.048	88.24	3.38		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	3	4	156.48	39.12	.004	52.16	.15		
INPATIENT VISITS	89	393	19,684.87	50.09	.368	221.18	18.41		
HOSPITAL VISITS	86	345	14,573.04	42.24	.323	169.45	13.63		
CRITICAL CARE	9	42	4,922.90	117.21	.039	546.99	4.61		
SNF/ICF/TRANS IP CARE	5	6	188.93	31.49	.006	37.79	.18		
OPHTHALMOLOGICAL SERVICES	8	14	633.58	45.26	.013	79.20	.59		

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	8	14		633.58		45.26	.013		79.20		.59
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	45	420		21,269.47		50.64	.393		472.65		19.90
PRINCIPAL SURGEON	28	41		16,439.69		400.97	.038		587.13		15.38
ASSISTANT SURGEON	3	3		921.62		307.21	.003		307.21		.86
ANESTHESIOLOGIST	17	376		3,908.16		10.39	.352		229.89		3.66
OUTPATIENT SURGERY	18	41		4,247.42		103.60	.038		235.97		3.97
PRINCIPAL SURGEON	14	15		3,646.82		243.12	.014		260.49		3.41
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	26		600.60		23.10	.024		150.15		.56
DIALYSIS	16	118		4,596.56		38.95	.110		287.29		4.30
PATHOLOGY	26	479		2,367.53		4.94	.448		91.06		2.21
RADIOLOGY	98	390		17,814.60		45.68	.365		181.78		16.66
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	225	1,023		21,734.09		21.25	.957		96.60		20.33
@PHARMACY	861	12,309	\$	832,964.16	\$		11.514	\$	967.44	\$	779.20
PRESCRIPTION DRUGS	835	4,475		814,107.30		181.92	4.186		974.98		761.56
SNF/ICF	17	350		38,466.20		109.90	.327		2262.72		35.98
OUTPATIENTS	818	4,125		775,641.10		188.03	3.859		948.22		725.58
MEDICAL SUPPLIES	84	7,834		18,856.86		2.41	7.328		224.49		17.64
@DENTIST	110	419	\$	14,362.26	\$	34.28	.392	\$	130.57	\$	13.44
VISITS - DIAGNOSTIC	70	265		2,569.26		9.70	.248		36.70		2.40
ORAL SURGERY	17	65		2,281.00		35.09	.061		134.18		2.13
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	2	2		.00		.00	.002		.00		.00
PERIODONTICS	10	10		999.00		99.90	.009		99.90		.93
ENDODONTICS	9	10		3,120.00		312.00	.009		346.67		2.92
RESTORATIVE DENTISTRY	26	54		3,645.00		67.50	.051		140.19		3.41
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.03
DENTURES, STAYPLATES	6	10		1,718.00		171.80	.009		286.33		1.61
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	2		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES	MONTH-OF-PAYMENT RI	EPOR'	r for jan	2004 THRU	DEC	2004	PI	AGE 17,722
MOP024	FEE-FOR-SERVICE/DENT										03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR MN - SO	oc -	DISABLED AID (CODES	S 65 67 6W	6Y				

----- MONTHLY AVERAGE -----1,069 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 84 54.24 \$ @OPTOMETRIST 28 1,518.70 \$ 18.08 .079 \$ 1.42 7 7 46.31 46.31 .30 DIAGNOSTIC AND ANC. PROCED 324.14 .007 77 15.51 42.66 EYE APPLIANCES 28 1,194.56 .072 1.12 OTHER OPTOMETRIC SERVICES Ω 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$.00 \$ 0 .00 .00 VISITS .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 13 75.87 \$ 5.84 12.65 \$.07 @PODIATRIST .012 \$ 0 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS SURGERY/ANES. 0 .00 .00 .000 .00 .00 0 .00 .00 RADIO./PATHOLOGY .00 .000 .00 OTHER 6 13 75.87 5.84 12.65 .07 .012 656 20,091.76 30.63 .614 \$ 1826.52 \$ 18.79 @HOME HEALTH AGENCY 11 NURSE ANESTHESIST .00 .00 .000 \$.00 \$

	_								
NURSE MIDWIFE	0	0 \$.00		.00	.000			.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00		.00	.000			.00
FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	0	0 5	.00	\$.00	.000	.00		.00
@TOTAL HOSPITAL	496	3,712	\$ 468,723.63			3.472		Ş	438.47
HOSP INPATIENT TOTAL	92	337	369,940.49		1097.75	.315	4021.09		346.06
HSC HOSPITALS	67	332	332,774.89		1002.33	.311	4966.79		311.30
NON-HSC HOSPITAL TOTAL	1	5	4,166.00		833.20 833.17	.005	4166.00		3.90
ACCOMMODATIONS	1	5	4,165.84		833.17	.005	4165.84		3.90
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	5	4,165.84			.005	4165.84		3.90
ANCILLARIES INPATIENT CROSSOVERS	1	0	.16		.00	.000	.16		.00
INPATIENT CROSSOVERS	24	0	32,999.60		.00	.000	1374.98		30.87
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	431	3 , 375	98 , 783.14		29.27	3.157	229.20		92.41
MEDICAL	153	367	11,870.66		32.35	.343	229.20 77.59		11.10
SURGERY	153 17 110 79 155	17	3,091.54		181.86	.016	181.86		2.89
PATHOLOGY	110	17 746 129	7,469.49		10.01 142.70	.698	67.90		6.99
RADIOLOGY	79	129	18,408.10		142.70	.121	233.01		17.22
ROOM USE		205	10,573.27		35.84	.276	68.21		9.89
CROSSOVERS/ALL OTH OUTPINT	252	1,821 2,472	47,370.08		26.01	1.703	187.98		44.31
@COUNTY HOSPITAL TOTAL	334			\$	96.78		716.29	\$	223.80
CO HOSPITAL INPATIENT TOTAL	39	168	165,226.64 163,474.64 .00		983.49	.157	4236.58		154.56
HSC HOSPITALS	37	168 168 0 0 0 0 0 0 0 0 2,304	163,474.64		973.06	.157	4418.23		152.92
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	2	0	1,752.00		.00	.000	876.00		1.64
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	312	2,304	74,013.84		32.12	2.155	237.22		69.24
MEDICAL	312 131 8 79 52 128	325	10,362.74			.304	79.10 281.87 64.41		9.69
SURGERY	8	8	2,254.94		31.89 281.87 10.04	.007	281.87		2.11
PATHOLOGY	79	507	5,088.30		10.04	.474	64.41		4.76
RADIOLOGY	52	89	14,015.36		157.48	.083	269.53		13.11
ROOM USE	128	244	8,586.34		35.19	.083 .228	67.08		8.03
CROSSOVERS/ALL OTH OUTPTNT	155	1,131	33,706.16		29.80	1.058	67.08 217.46		31.53
		CES AND EXPENDITURES							AGE 17,723
	FEE-FOR-SERVICE		3 11011111 01 11111111111	1.2101		2001 111110 21	20 2001	_	03/14/05
VENTURA COUNTY		JICES FOR MN - SOC	- DISABLED ATD	CODE	S 65 67 6W	6Y			
				0001		MON	THLY AVERA	ΔGE	
1,069 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAYS		-	COST PER
1,000 22101222	00210	OR DAYS OF CARE	2111 2112 11 01(21)			PER ELIG			ELIGIBLE

1,069 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	186	1,240 \$	229,483.15	\$ 185.07	1.160 \$	1233.78	\$ 214.67
COMM HOSP INPATIENT TOTAL	54	169	204,713.85	1211.32	.158	3791.00	191.50
HSC HOSPITALS	31	164	169,300.25	1032.32	.153	5461.30	158.37
NON-HSC HOSPITALS TOTAL	1	5	4,166.00	833.20	.005	4166.00	3.90
ACCOMMODATIONS	1	5	4,165.84	833.17	.005	4165.84	3.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	4,165.84	833.17	.005	4165.84	3.90
ANCILLARIES	1	0	.16	.00	.000	.16	.00
INPATIENT CROSSOVERS	22	0	31,247.60	.00	.000	1420.35	29.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

MEDICAL 27 42 1,507.92 35.90 .039 55.85 1.41 SURGERY 9 9 9 836.60 92.96 .008 92.96 .78 PATHOLOGY 32 239 2,381.19 9.96 .224 74.41 2.23 RADIOLOGY 29 40 4,392.74 109.82 .037 151.47 4.11 2.23 RADIOLOGY 29 51 1,986.93 38.96 .048 66.51 1.86 CROSSOVERS/ALL OTH OUTPINT 102 690 13,663.92 19.80 .645 133.96 12.78 STATE HOSPITAL 0 0 0 \$.00 .00 .00 .00 .00 \$
PATHOLOGY
RADIOLOGY
ROOM USE
CROSSOVERS/ALL OTH OUTPINT 102 690 13,663.92 19.80 .645 133.96 12.78 8 STATE HOSPITAL 0 0 0 \$.0
HOSPITAL 0 0 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
MENTALLY ILL 0 0 .0
DEVELOP. DISABLED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
@NURSING FACILITY 32 596 \$ 72,222.85 \$ 121.18 .558 \$ 2256.96 \$ 67.56 LEV A-INTERMEDIATE 0 0 .00
LEV A-INTERMEDIATE 0 0 .00
LEV B-REHAB MD 0 0 0 0 00 000 000 000 000 000 000 0
LEV B-SUBACUTE FREESTANDING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
LEV B-SUBACUTE HSPTL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
LEV B-TRANSITIONAL IP CARE 32 596 72,222.85 121.18 .558 2256.96 67.56 61NTERMEDIATE CARE FACILDD 0 0 \$.00
LEV B-REGULAR 32 596 72,222.85 121.18 .558 2256.96 67.56 @INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00 .00 \$.00 .00 .0
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00
TCF DD
ICF DDN/DDCN 0 0 .00
@HEMODIALYSIS TOTAL 100 1,680 \$ 86,224.01 \$ 51.32 1.572 \$ 862.24 \$ 80.66 HOSPITAL BASED 0 0 .00 <t< td=""></t<>
HOSPITAL BASED 0 0 .00
HOSPITAL BASED 0 0 .00
HEMODIALYSIS CENTER 100 1,680 86,224.01 51.32 1.572 862.24 80.66 @REHABILITATION FACILITY 10 54 \$ 1,094.27 \$ 20.26 .051 \$ 109.43 \$ 1.02 HOSPITAL BASED 10 54 1,094.27 20.26 .051 109.43 1.02 INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00 .00 @LABORATORY FACILITY 56 327 \$ 3,234.62 \$ 9.89 .306 \$ 57.76 \$ 3.03 PATHOLOGY 55 315 3,173.16 10.07 .295 57.69 2.97
@REHABILITATION FACILITY 10 54 \$ 1,094.27 \$ 20.26 .051 \$ 109.43 \$ 1.02 HOSPITAL BASED 10 54 1,094.27 20.26 .051 109.43 1.02 INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00 @LABORATORY FACILITY 56 327 \$ 3,234.62 \$ 9.89 .306 \$ 57.76 \$ 3.03 PATHOLOGY 55 315 3,173.16 10.07 .295 57.69 2.97
INDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00 .00 @LABORATORY FACILITY 56 327 \$ 3,234.62 \$ 9.89 .306 \$ 57.76 \$ 3.03 PATHOLOGY 55 315 3,173.16 10.07 .295 57.69 2.97
@LABORATORY FACILITY 56 327 \$ 3,234.62 \$ 9.89 .306 \$ 57.76 \$ 3.03 PATHOLOGY 55 315 3,173.16 10.07 .295 57.69 2.97
PATHOLOGY 55 315 3,173.16 10.07 .295 57.69 2.97
@ORGANIZED OUTPATIENT CLINIC 53 94 \$ 10,896.10 \$ 115.92 .088 \$ 205.59 \$ 10.19
CLINIC 12 14 620.76 44.34 .013 51.73 .58
SURGICENTER 3 4 922.10 230.53 .004 307.37 .86
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 38 76 9,353.24 123.07 .071 246.14 8.75
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,724
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 1,069 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 211 8,607 \$ 99,377.07 \$ 11.55 8.051 \$ 470.98 \$ 92.96 @ALL OTHER PROVIDERS 21 8,774.29 208.91 417.82 DURABLE MED. EQUIP. 42 .039 8.21 .00 0 0 .000 .00 .00 BLOOD BANK .00 .00 .00 HEARING AID DISPENSERS 0 0 .00 .000 .00 65 19,079.82 MEDICAL TRANSPORTATION 5,205 3.67 4.869 293.54 17.85 AMBULANCES/AIR TRANS 43 333 5,336.38 16.03 .312 124.10 4.99 20 4,854 13,684.10 2.82 684.21 OTHER TRANS 4.541 12.80 OTHER SERVICES 4 18 59.34 3.30 .017 14.84 .06 0 0 .00 .00 ACUPUNCTURE .00 .000 .00 32 335 22,369.97 66.78 .313 699.06 20.93 ADULT DAY HEALTH CARE CTR .00 .00 GENETIC DISEASE TESTING Ω 0 .00 .000 .00 13 593 21,352.66 .555 1642.51 19.97 IHMC, MODEL-NF, NF, AIDS, MSSP 36.01 OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .000 31 7.5 771.85 10.29 .070 24.90 .72 OPTICIAN PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00

PORTABLE X-RAY	1	1		2.79		2.79	.001	2.79	.00
PROSTHETIST/ORTHOTISTS	4	17		9,067.52	5	33.38	.016	2266.88	8.48
PROSTHETICS	4	17		9,067.52	5	33.38	.016	2266.88	8.48
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	2	11		112.86		10.26	.010	56.43	.11
SPEECH AND AUDIOLOGY	2	5		227.53		45.51	.005	113.77	.21
HOSPICE SERVICES	4	102		10,630.16	1	04.22	.095	2657.54	9.94
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	580		2,642.98		4.56	.543	528.60	2.47
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	4	20		346.44		17.32	.019	86.61	.32
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	56	1,641		4,344.64		2.65	1.535	77.58	4.06
@CALIF. CHILDREN SERVICES*	1	2	\$	162.26	\$	81.13	.002	\$ 162.26	\$.15
@XOVER EXCLUDING STATE HOSP**	435	6,944	\$	133,683.97	\$	19.25	6.496	\$ 307.32	\$ 125.06
O. H. HOMATO THE MUTTER THEORY AND CHILD			TERM ON						

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,725 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	ITHLY AVERA	GE
1,047 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,551	33 , 906	\$	1,083,332.49	\$ 31.95	32.384 \$	698.47	\$ 1034.70
@PHYSICIANS SERVICES	579	3 , 307	\$	135,352.40	\$ 40.93	3.159 \$	233.77	\$ 129.28
OUTPATIENT VISITS	196	230		11,527.02	50.12	.220	58.81	11.01
OFFICE VISITS	87	110		3,476.40	31.60	.105	39.96	3.32
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	106	115		7,805.26	67.87	.110	73.63	7.45
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2		134.72	67.36	.002	67.36	.13

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE	3	3		110.64	36.88	.003	36.88		.11
INPATIENT VISITS	126	408		18,777.73	46.02	.390	149.03		17.93
HOSPITAL VISITS	122	383		15,822.68	41.31	.366	129.69		15.11
CRITICAL CARE	8	24		2,919.87	121.66	.023	364.98		2.79
SNF/ICF/TRANS IP CARE	1	1		35.18	35.18	.001	35.18		.03
OPHTHALMOLOGICAL SERVICES	10	12		524.24	43.69	.011	52.42		.50
EXAMINATIONS	10	12		524.24	43.69	.011	52.42		.50
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	132	949		51,075.72	53.82	.906	386.94		48.78
		103		36,786.73	357.15	.098	465.65		35.14
ASSISTANT SURGEON	9	9		1,444.09	160.45	.009	160.45		1.38
ANESTHESIOLOGIST	57	837		12,844.90	15.35	.799	225.35		12.27
OUTPATIENT SURGERY	47	213		12,323.55	57.86	.203	262.20		11.77
PRINCIPAL SURGEON	30	34		8,497.62	249.93	.032	283.25		8.12
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1.8	179		3,825.93	21.37	.171	212.55		3.65
DIALYSIS	4	30		1,035.46	34.52	.029	258.87		.99
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY	88	533		3,917.39	7.35	.509	44.52		3.74
RADIOLOGY	193	616		23,883.44	38.77	.588	123.75		22.81
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
	4	117		4,209.73	35.98	.112			4.02
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	92	199		8,078.12	40.59	.190	87.81		7.72
@PHARMACY	4 92 363 344 12 333 47 156 114 20	22,549	Ś	122,742.38		21.537		Ś	117.23
PRESCRIPTION DRUGS	344	1,088	-			1.039	343.53	т.	112.87
SNF/ICF	12	113		4,643.21	108.62 41.09	.108	386.93		4.43
OUTPATIENTS	333	975			116.44	.931	340.94		108.44
MEDICAL SUPPLIES	47	21,461		4,567.46	.21		97.18		4.36
@DENTIST	156	859	Ś	15,539.00		.820		Ś	14.84
@DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	114	562	-	4,266.00	7.59	.537	37.42	т.	4.07
ORAL SURGERY	20	46		1,611.00	35.02	.044	80.55		1.54
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESTA	4	4		.00	.00	.004			.00
PERIODONTICS	8	8		590.00	73.75	.008			.56
ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	12	4 8 16		1,712.00	107.00	.015	142.67		1.64
RESTORATIVE DENTISTRY	50	169		5,463.00	32.33	.161	109.26		5.22
PROSTHETICS	2	3		60.00	20.00	.003	30.00		.06
DENTURES, STAYPLATES	_ 3	19		357.00	18.79	.018	119.00		.34
SPACE MAINTAINERS	1	2		.00	.00	.002	.00		.00
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.001	50.00		.05
FRACTURES, DISLOCATIONS	Û	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	10	15		1,430.00	95.33	.014	143.00		1.37
ALL OTHER SERVICES	6	14		.00	.00	.013	.00		.00
	MEDI-CAL SERVICES A		IRES N					P	AGE 17,726
MOP024	FEE-FOR-SERVICE/DEN							_	03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES		SOC -	FAMILIES AID CODE	5R 6R 37				00, 11, 00

1,047 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 45 138 \$ 2,999.17 \$ 21.73 .132 \$ 66.65 \$ 2.86 35 42.28 DIAGNOSTIC AND ANC. PROCED 1,437.59 41.07 .033 EYE APPLIANCES 35 101 1,512.67 14.98 .096 43.22 1.44 OTHER OPTOMETRIC SERVICES 2 48.91 24.46 .002 24.46 .05 33.44 \$ 16.72 @CHIROPRACTOR 1 .002 \$ 33.44 \$.03 VISITS 1 2 33.44 16.72 .002 33.44 .03 .000 0 0 .00 .00 .00 .00 OTHER SERVICES

337.70 \$

30.70

11

@PODIATRIST

----- MONTHLY AVERAGE -----

42.21 \$

.32

.011 \$

MEDICINE/INJECTIONS	6	6	202.40	33.73	.006	33.73	.19)
SURGERY/ANES.	2	3	58.02	19.34	.003	29.01	.06	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00)
OTHER	1	2	77.28	38.64	.002	77.28	.07	
	5							
@HOME HEALTH AGENCY			1,662.45	\$ 69.27	.023 \$	332.49		
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00		
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00)
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00)
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00)
@TOTAL HOSPITAL	662	3 , 737 \$	686,346.52	\$ 183.66		1036.78		
HOSP INPATIENT TOTAL	147	631	599,325.98	949.80	.603	4077.05	572.42	
HSC HOSPITALS	146	629	585,997.67	931.63	.601	4013.68	559.69	
NON-HSC HOSPITAL TOTAL	2	2	13,328.31	6664.16	.002	6664.16	12.73	
ACCOMMODATIONS	2	2	567.54	283.77	.002	283.77	.54	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00)
ALL OTHER ACCOM	2	2	567.54	283.77	.002	283.77	.54	1
ANCILLARIES	2	0	12,760.77	.00	.000	6380.39	12.19	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
					.000	160.06		
HOSP OUTPATIENT TOTAL	543	3,106	87,020.54	28.02		160.26	83.11	
MEDICAL	333	509	22,197.24	43.61	.486	66.66	21.20	
SURGERY	47	61	7,742.07	126.92	.058	164.72	7.39	
PATHOLOGY	228	1,237	10,289.36	8.32	1.181	45.13	9.83	3
RADIOLOGY	164	267	22,258.24	83.36	.255	135.72	21.26	5
ROOM USE	364	510	17,132.45	33.59	.487	47.07	16.36	5
CROSSOVERS/ALL OTH OUTPINT	153	522	7,401.18	14.18	.499	48.37	7.07	
@COUNTY HOSPITAL TOTAL	418	2,213 \$		\$ 183.50	2.114 \$			
	86	374					336.81	
CO HOSPITAL INPATIENT TOTAL			352,635.62	942.88	.357	4100.41		
HSC HOSPITALS	86	374	352,635.62	942.88	.357	4100.41	336.81	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00)
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00)
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00)
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00)
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT								
CO HOSP OUTPATIENT TOTAL	348	1,839	53,450.08	29.06	1.756	153.59	51.05	
MEDICAL	241	373	17,136.21	45.94	.356	71.10	16.37	
SURGERY	24	34	6,540.18	192.36	.032	272.51	6.25	
PATHOLOGY	133	681	6 , 153.07	9.04	.650	46.26	5.88	3
RADIOLOGY	78	113	9,274.72	82.08	.108	118.91	8.86	5
ROOM USE	247	352	11,968.64	34.00	.336	48.46	11.43	
CROSSOVERS/ALL OTH OUTPINT	55	286	2,377.26	8.31	.273	43.22	2.27	
		ES AND EXPENDITURES M	•				PAGE 17,7	
			ONIII OF FAIMENT RE	SPORT FOR OAN 2	FOOT THEO DEC	2004		
MOP024	FEE-FOR-SERVICE			F- 6- 0F			03/14/	05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC -	FAMILIES AID CODE	5R 6R 37				
					MONT			
1,047 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	3
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	£
@COMMUNITY HOSPITAL TOTAL	258	1,524 \$	280,260.82	\$ 183.90	1.456 \$	1086.28	\$ 267.68	3
COMM HOSP INPATIENT TOTAL	63	257	246,690.36	959.88	.245	3915.72	235.62	
HSC HOSPITALS	62	255	233,362.05	915.15	.244	3763.90	222.89	
NON-HSC HOSPITALS TOTAL	2	2	13,328.31	6664.16	.002	6664.16	12.73	
	2	2	567.54	283.77	.002	283.77	.54	
ACCOMMODATIONS	۷	۷	307.34	203.11	.002	203.11	.54	1

ANNINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		_	_									
ALL OTHER ACCOM 2 2 2 567.54 283.77 .002 283.77 .54 ANCILLARERS 2 0 12,760.77 .00 .000 639.39 12.19 INPATIENT CROSSOVERS 0 0 0 .00 .00 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 0 .00 .000 .000 .000 .000 COM MOSP OUTPIENT TOTAL 204 1,267 33.570.46 26.50 1.210 164.56 32.06 MEDICAL 95 136 5.061.03 37.21 .130 55.27 48.33 SUBCERY 23 27 1,201.89 44.51 .026 52.26 1.15 PATHOLOGY 97 556 4,136.29 7.44 .531 42.64 3.95 RADIOLOGY 96 154 12,983.52 84.31 .147 150.97 12.40 ROOM USSY ALL OTH OUTPINT 98 236 5.023.92 21.29 .225 51.26 4.80 SEYATE MOSPITAL 0 0 0 5 5.023.92 21.29 .225 51.26 4.80 SEYATE MOSPITAL 0 0 0 5 5.023.92 21.29 .225 51.26 4.80 MENTALLY ILL 0 0 0 0 5 0.00 .000 5 0.00 MENTALLY ILL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
ANCILLARIES 2 0 12,760.77 .00 .00 6380.39 12.19 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
INPATIENT CROSSOVERS		2	2									
ALL OTHER INFATIENT 0 0 0 0 00 00 00 00 00 00 00 00 00 00		2	0		•							
MEDICAL 95 136 53,570.46 26,50 1.210 164,56 32.06 MEDICAL 95 136 56,61.03 37.21 130 53.27 4.83 SURGERY 23 27 1,201.89 44,51 0.26 52.26 1.15 PATHOLOGY 97 556 4,136.29 7.44 531 42.64 3.95 RADIOLOGY 86 154 12,983.52 84.31 1.147 150.97 12.40		0	0									
MEDICAL SURGERY 23 27 1,201.89 44.51 .026 52.26 1.15 PATHOLOGY 97 556 4,136.29 7.44 .531 42.64 3.95 RADIOLOGY 86 154 12,983.52 84.31 .147 150.97 12.40 ROOM USE 118 158 5,163.81 32.68 1.51 43.76 4.93 ROOM USE CROSSOVERS/ALL OTH OUTFINT 98 236 5,163.81 32.68 1.51 43.76 4.93 RESTATE HOSPITAL 0 0 0 \$ 5.00 .00 .00 .00 5 .00 .00 .00 .00 .00		•	ū									
SURGERY 97 556 4,136,29 7,44 531 42,64 3,95 RADIOLOGY 86 154 12,983,52 84.31 147 150.97 12.40 ROOM USE 118 159 5,163.81 32.68 1.51 43.76 4.93 CROSSOVERS/ALL OTH OUTPTNT 98 236 5,023.92 21.29 .225 51.26 4.80 MENTALLY ILL 0 0 0 \$.00 0 .00 .00 .00 0 .00 .00 BYPLOP, DISABLED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00			,									
PATHOLOGY					•							
RADIOLOGY 86 154 12,983.52 84.31 1.47 150.97 12.40 ROOM USE 118 158 5,163.81 32.68 151 43.76 4.93 CROSSOVERS/ALL OTH OUTPTNT 98 236 5,023.92 21.29 .225 51.26 4.80 ESTATE HOSPITAL 0 0 0 \$.00 \$.00 .00 \$.	SURGERY				•							
ROOM USE	PATHOLOGY							.531		42.64		
CROSSOVERS/ALL OTH OUTPTNT 98 236 5,023.92 21.29 .225 51.26 4.80 SENTATE HOSPITAL 0 0 0 \$.00 \$.00 .00 \$.	RADIOLOGY		154		12,983.52		84.31	.147		150.97		12.40
### ### ### ### ### ### ### ### ### ##	ROOM USE		158		5,163.81		32.68	.151		43.76		4.93
MENTALLY ILL	CROSSOVERS/ALL OTH OUTPTNT	98	236		5,023.92		21.29	.225		51.26		4.80
DEVELOP. DISABLED	@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
## CALER PACIFITY 5	MENTALLY ILL	0	0		.00		.00	.000		.00		.00
LEV A-INTERMEDIATE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@NURSING FACILITY	5	150	\$	16,409.90	\$	109.40	.143	\$	3281.98	\$	15.67
LEV B-SUBACUTE FREESTANDING 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REGULAR 5 150 16,409,90 109,40 1143 3281,98 15.67 61 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR 5 150 16,409.90 109.40 .143 3281.98 15.67 @INTERMEDIATE CARE FACILDD 12 364 \$ 60,955.41 \$ 167.46 .348 \$ 5079.62 \$ 58.22 ICF DDH 12 364 60,955.41 167.46 .348 5079.62 \$ 58.22 ICF DDD 0 0 0 .00 .00 .00 .00 .00 .00 ICF DDN/DDCN 0 0 0 .00 .00 .00 .00 .00 .00 @HEMODIALYSIS TOTAL 4 110 \$ 4,137.17 \$ 37.61 .105 \$ 1034.29 \$ 3.95 HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 #HEMODIALYSIS CENTER 4 110 4,137.17 37.61 .105 \$ 1034.29 \$ 3.95 #REHABILITATION FACILITY 10 75 \$ 1,218.23 \$ 16.24 .072 \$ 121.82 \$ 1.16 INDEPENDENT FACILITY 9 0 0 0 1,218.23 \$ 16.24 .072 \$ 121.82 \$ 1.16 INDEPENDENT FACILITY 92 469 \$ 4,715.45 \$ 10.05 .448 \$ 51.25 \$ 4.50 XO AND OTHERS 92 469 \$ 4,715.45 \$ 10.05 .448 \$ 51.25 \$ 4.50 XO AND OTHERS 0 0 0 0 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 88 207 \$ 18,690.02 \$ 90.29 .198 \$ 212.39 \$ 17.85 SURGICENTER 2 7 283.71 40.53 .007 141.86 .27 HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,728	LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
QINTERMEDIATE CARE FACILDD	LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ICF DDH	LEV B-REGULAR	5	150		16,409.90		109.40	.143		3281.98		15.67
ICF DD	@INTERMEDIATE CARE FACILDD	12	364	\$	60,955.41	\$	167.46	.348	\$	5079.62	\$	58.22
ICF DDN/DDCN	ICF DDH	12	364		60,955.41		167.46	.348		5079.62		58.22
ICF DDN/DDCN	ICF DD	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ICF DDN/DDCN	0	0				.00	.000		.00		
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 HEMODIALYSIS CENTER 4 110 4,137.17 37.61 .105 1034.29 3.95 @REHABILITATION FACILITY 10 75 \$ 1,218.23 \$ 16.24 .072 \$ 121.82 \$ 1.16 HOSPITAL BASED 10 75 \$ 1,218.23 \$ 16.24 .072 \$ 121.82 \$ 1.16 HOSPITAL BASED 10 75 \$ 1,218.23 \$ 16.24 .072 \$ 121.82 \$ 1.16 HOSPITAL BASED 0 0 .00	@HEMODIALYSIS TOTAL	4	110	\$	4,137.17	\$	37.61	.105	\$	1034.29	\$	3.95
@REHABILITATION FACILITY 10 75 \$ 1,218.23 \$ 16.24 .072 \$ 121.82 \$ 1.16 HOSPITAL BASED 10 75 1,218.23 16.24 .072 121.82 1.16 INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00 .00 @LABORATORY FACILITY 92 469 \$ 4,715.45 \$ 10.05 .448 \$ 51.25 \$ 4.50 PATHOLOGY 92 469 \$ 4,715.45 \$ 10.05 .448 \$ 51.25 \$ 4.50 XO AND OTHERS 0 0 0 .00	HOSPITAL BASED	0	0				.00	.000		.00		.00
@REHABILITATION FACILITY 10 75 \$ 1,218.23 \$ 16.24 .072 \$ 121.82 \$ 1.16 HOSPITAL BASED 10 75 1,218.23 16.24 .072 121.82 1.16 INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00 .00 @LABORATORY FACILITY 92 469 \$ 4,715.45 \$ 10.05 .448 \$ 51.25 \$ 4.50 PATHOLOGY 92 469 \$ 4,715.45 \$ 10.05 .448 \$ 51.25 \$ 4.50 XO AND OTHERS 0 0 0 .00	HEMODIALYSIS CENTER	4	110		4,137.17		37.61	.105		1034.29		3.95
INDEPENDENT FACILITY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	@REHABILITATION FACILITY	10	75	\$	1,218.23	\$	16.24	.072	\$	121.82	\$	1.16
@LABORATORY FACILITY 92 469 \$ 4,715.45 \$ 10.05 .448 \$ 51.25 \$ 4.50 PATHOLOGY 92 469 4,715.45 10.05 .448 51.25 4.50 XO AND OTHERS 0 0 .00 .00 .00 .00 .00 .00 @CRGANIZED OUTPATIENT CLINIC 88 207 \$ 18,690.02 \$ 90.29 .198 \$ 212.39 \$ 17.85 CLINIC 18 67 2,702.83 40.34 .064 150.16 2.58 SURGICENTER 2 7 283.71 40.53 .007 141.86 .27 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 70 133 15,703.48 118.07 .127 224.34 15.00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,728	HOSPITAL BASED	10	75		1,218.23		16.24	.072		121.82		1.16
PATHOLOGY 92 469 4,715.45 10.05 .448 51.25 4.50 XO AND OTHERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS 0 0 .00	@LABORATORY FACILITY	92	469	\$	4,715.45	\$	10.05	.448	\$	51.25	\$	4.50
XO AND OTHERS 0 0 .00	PATHOLOGY	92	469		4,715.45		10.05	.448		51.25		4.50
CLINIC 18 67 2,702.83 40.34 .064 150.16 2.58 SURGICENTER 2 7 283.71 40.53 .007 141.86 .27 HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 70 133 15,703.48 118.07 .127 224.34 15.00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,728	XO AND OTHERS	0	0		.00		.00	.000				.00
SURGICENTER 2 7 283.71 40.53 .007 141.86 .27 HEROIN DETOX CLINIC 0 0 .00	@ORGANIZED OUTPATIENT CLINIC	88	207	\$	18,690.02	\$	90.29	.198	\$	212.39	\$	17.85
HEROIN DETOX CLINIC 0 0 .00	CLINIC	18	67		2,702.83		40.34	.064		150.16		2.58
RURAL HEALTH CLINIC 70 133 15,703.48 118.07 .127 224.34 15.00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,728	SURGICENTER	2	7		283.71		40.53	.007		141.86		.27
RURAL HEALTH CLINIC 70 133 15,703.48 118.07 .127 224.34 15.00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,728	HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	RURAL HEALTH CLINIC	70	133		15,703.48		118.07	.127		224.34		
	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	Р	AGE 17,728
	MOP024	FEE-FOR-SERVICE/DENTAL	_									

1,047 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 113 1,904 \$ 12,193.25 \$ 6.40 1.819 \$ 107.90 \$ 11.65 DURABLE MED. EQUIP. 10 17 1,236.17 72.72 .016 123.62 1.18 0 0 .00 .000 .00 .00 BLOOD BANK .00 0 0 .00 .000 .00 HEARING AID DISPENSERS .00 .00 MEDICAL TRANSPORTATION 42 340 6,410.28 18.85 .325 152.63 6.12 42 339 13.60 .324 109.77 4.40 AMBULANCES/AIR TRANS 4,610.28 OTHER TRANS 0 0 .00 .00 .000 .00 .00 1 OTHER SERVICES 1 1,800.00 1800.00 .001 1800.00 1.72 ACUPUNCTURE 48.66 16.22 .003 24.33 .05

----- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

VENTURA COUNTY

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.10
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	10	165.36	16.54	.010	165.36	.16
OPTICIAN	32	70	738.33	10.55	.067	23.07	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.002	99.19	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	21	461	2,913.26	6.32	.440	138.73	2.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	1,000	477.00	.48	.955	95.40	.46
@CALIF. CHILDREN SERVICES*	31	287	\$ 17,622.32	\$ 61.40	.274	\$ 568.46	\$ 16.83
@XOVER EXCLUDING STATE HOSP**	3	5	\$ 1,636.35	\$ 327.27	.005	\$ 545.45	\$ 1.56

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,729 FEE-FOR-SERVICE/DENTAL MOP024

VENTURA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

					MON		GE			
2,626 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER			
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
@TOTAL, ALL PROVIDERS	3 , 823	82 , 208 \$	3,624,563.35	\$ 44.09	31.305	948.09	\$ 1380.26			
@PHYSICIANS SERVICES	1,063	7,383 \$	238,486.63		2.812 \$	224.35	\$ 90.82			
OUTPATIENT VISITS	262	311	16,154.58	51.94	.118	61.66	6.15			
OFFICE VISITS	110	135	4,275.54	31.67	.051	38.87	1.63			
HOME VISITS	0	0	.00	.00	.000	.00	.00			
EMERGENCY ROOM	148	167	11,477.20	68.73	.064	77.55	4.37			
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00			
OB VISITS/COMPRE PERI	2	2	134.72	67.36	.001	67.36	.05			
OTHER OUTPATIENT	6	7	267.12	38.16	.003	44.52	.10			
INPATIENT VISITS	218	811	38,702.63	47.72	.309	177.54	14.74			
HOSPITAL VISITS	211	738	30,635.75	41.51	.281	145.19	11.67			
CRITICAL CARE	17	66	7,842.77	118.83	.025	461.34	2.99			
SNF/ICF/TRANS IP CARE	6	7	224.11	32.02	.003	37.35	.09			
OPHTHALMOLOGICAL SERVICES	18	26	1,157.82	44.53	.010	64.32	.44			
EXAMINATIONS	18	26	1,157.82	44.53	.010	64.32	.44			
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00			
INPATIENT HOSPITAL SURGERY	179	1,377	72,479.74	52.64	.524	404.91	27.60			
PRINCIPAL SURGEON	108	145	53,237.92	367.16	.055	492.94	20.27			
ASSISTANT SURGEON	12	12	2,365.71	197.14	.005	197.14	.90			
ANESTHESIOLOGIST	75	1,220	16,876.11	13.83	.465	225.01	6.43			
OUTPATIENT SURGERY	65	254	16,570.97	65.24	.097	254.94	6.31			
PRINCIPAL SURGEON	44	49	12,144.44	247.85	.019	276.01	4.62			
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00			
ANESTHESIOLOGIST	22	205	4,426.53	21.59	.078	201.21	1.69			
DIALYSIS	20	148	5,632.02	38.05	.056	281.60	2.14			
PATHOLOGY	114	1,012	6,284.92	6.21	.385	55.13	2.39			

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	292	1,007	41,702.33	41.41	.383	142.82	15.88
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	117	4,209.73	35.98	.045	1052.43	1.60
OTHER SERVICES/ALL X-OVERS	398	2,320	35,591.89	15.34	.883	89.43	13.55
@PHARMACY	1,600	40,555 \$	1,130,231.84	\$ 27.87	15.444 \$	706.39	\$ 430.40
PRESCRIPTION DRUGS	1,546	7,600	1,105,402.52	145.45	2.894	715.01	420.95
SNF/ICF	131	1,356	93,470.13	68.93	.516	713.51	35.59
OUTPATIENTS	1,416	6,244	1,011,932.39	162.06	2.378	714.64	385.35
MEDICAL SUPPLIES	152	32 , 955	24,829.32	.75	12.550	163.35	9.46
@DENTIST	352	1 , 658 \$	42,348.76	\$ 25.54	.631 \$	120.31	\$ 16.13
VISITS - DIAGNOSTIC	239	1,059	8,140.26	7.69	.403	34.06	3.10
ORAL SURGERY	44	153	5,440.50	35.56	.058	123.65	2.07
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	6	6	.00	.00	.002	.00	.00
PERIODONTICS	25	25	1,943.00	77.72	.010	77.72	.74
ENDODONTICS	24	29	5,092.00	175.59	.011	212.17	1.94
RESTORATIVE DENTISTRY	96	286	13,128.00	45.90	.109	136.75	5.00
PROSTHETICS	4	5	120.00	24.00	.002	30.00	.05
DENTURES, STAYPLATES	24	58	7,005.00	120.78	.022	291.88	2.67
SPACE MAINTAINERS	1	2	.00	.00	.001	.00	.00
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	10	15	1,430.00	95.33	.006	143.00	.54
ALL OTHER SERVICES	9	19	.00	.00	.007	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 17,730
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC - '	TOTAL				
					MON	THLY AVERA	GE
2,626 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	86	258 \$	5 , 133.97	\$ 19.90	.098 \$		\$ 1.96
DIAGNOSTIC AND ANC. PROCED	43	44	1,825.60	41.49	.017	42.46	.70

EYE APPLIANCES	76	212		3,259.46	15.37	.081		42.89		1.24
OTHER OPTOMETRIC SERVICES	2	2		48.91	24.46	.001		24.46		.02
@CHIROPRACTOR	1	2	\$	33.44	\$ 16.72	.001	\$	33.44	\$.01
VISITS	1	2		33.44	16.72	.001		33.44		.01
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	23	40	\$	457.70	\$ 11.44	.015	\$	19.90	\$.17
MEDICINE/INJECTIONS	6	6	·	202.40	33.73	.002	•	33.73		.08
SURGERY/ANES.	2	3		58.02	19.34	.001		29.01		.02
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	16	31		197.28	6.36	.012		12.33		.08
@HOME HEALTH AGENCY	16	680	\$	21,754.21	31.99		Ċ	1359.64	Ċ	8.28
• -	0	0	\$	·		.000				.00
NURSE ANESTHESIST	0	0	ې د	.00	.00				\$	
NURSE MIDWIFE	· · · · · · · · · · · · · · · · · · ·	-	Ş	.00	.00	.000			\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	.00	.000			\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	.00	.000		.00		.00
@TOTAL HOSPITAL	1,233	7,667	\$	1,171,218.76	152.76	2.920	\$	949.89	\$	446.01
HOSP INPATIENT TOTAL	253	968		985,218.82	1017.79	.369		3894.15		375.18
HSC HOSPITALS	213	961		918,772.56	956.06	.366		4313.49		349.88
NON-HSC HOSPITAL TOTAL	3	7		17,494.31	2499.19	.003		5831.44		6.66
ACCOMMODATIONS	3	7		4,733.38	676.20	.003		1577.79		1.80
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	3	7		4,733.38	676.20	.003		1577.79		1.80
ANCILLARIES	3	Ó		12,760.93	.00	.000		4253.64		4.86
INPATIENT CROSSOVERS	38	0		48,951.95	.00	.000		1288.21		18.64
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
		-								
HOSP OUTPATIENT TOTAL	1,035	6,699		185,999.94	27.77	2.551		179.71		70.83
MEDICAL	489	881		31,089.99	35.29	.335		63.58		11.84
SURGERY	64	78		10,833.61	138.89	.030		169.28		4.13
PATHOLOGY	339	1,989		17,911.91	9.01	.757		52.84		6.82
RADIOLOGY	244	397		40,680.46	102.47	.151		166.72		15.49
ROOM USE	522	804		27,661.37	34.40	.306		52.99		10.53
CROSSOVERS/ALL OTH OUTPINT	463	2 , 550		57,822.60	22.68	.971		124.89		22.02
@COUNTY HOSPITAL TOTAL	794	4,812	\$	647,602.96	\$ 134.58	1.832	\$	815.62	\$	246.61
CO HOSPITAL INPATIENT TOTAL	127	542		522,154.79	963.39	.206		4111.46		198.84
HSC HOSPITALS	123	542		516,110.26	952.23	.206		4196.02		196.54
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	Ō		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
	0	0		.00	.00	.000		.00		.00
ANCILLARIES	4	0								
INPATIENT CROSSOVERS		-		6,044.53	.00	.000		1511.13		2.30
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	700	4,270		125,448.17	29.38	1.626		179.21		47.77
MEDICAL	374	698		24,190.42	34.66	.266		64.68		9.21
SURGERY	32	42		8,795.12	209.41	.016		274.85		3.35
PATHOLOGY	212	1,180		11,192.06	9.48	.449		52.79		4.26
RADIOLOGY	130	202		23,290.08	115.30	.077		179.15		8.87
ROOM USE	377	595		20,510.63	34.47	.227		54.40		7.81
CROSSOVERS/ALL OTH OUTPTNT	248	1,553		37,469.86	24.13	.591		151.09		14.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	•	JRES	•			DEC		P	AGE 17,731
MOP024	FEE-FOR-SERVICE/DENTA				 			-		03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES F		30C -	TOTAL						20, 21, 00
						N	ייינא רי	מודע אוודם	CF.	

		OR DAYS OF CARE	,		DI	ER UNIT/DAY	סבס בודר		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	478	2,855		523,615.80					1095.43		
COMM HOSP INPATTENT TOTAL	129	426	Υ	523,615.80 463,064.03 402,662.30 17,494.31 4,733.38	3	103.10	162	٧	3589.64	7	176.34
HSC HOSPITALS	93			402-662 30)	961 01	160		4329.70		153.34
	3	7		17.494 31	1	2499 19	003		5831.44		6.66
ACCOMMODATIONS	3	7		4.733 38	3	676 20	003		1577.79		1.80
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0	,		1, 733.30)	00	000		.00		.00
TRANSITIONAL TP CARE	0	0		0.0)	00	.000		.00		.00
ALL OTHER ACCOM	3	7		4.733.38	3	676.20	.003		1577.79		1.80
ANCILLARIES	3	0		12.760.93	3	.00	.000		4253.64		4.86
INPATIENT CROSSOVERS	34	0		42,907.42	2	.00	.000		1261.98		16.34
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0	419 7 7 0 0 7 0 0 0 2,429 183		.00)	.00 24.93 37.70	.000				
COMM HOSP OUTPATIENT TOTAL	363	2,429		60,551.77	7	24.93	.925		.00 166.81 56.09		23.06
MEDICAL	123	183		6,899.57	7	37.70	.070		56.09		2.63
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	32	36		2,038.49	9	56.62 8.31	.014		63.70		.78
PATHOLOGY	130	36 809		6,719.85	5	8.31	.308		63.70 51.69		2.56
RADIOLOGY	116	195		17 390 38	3	89 18	.074		149.92		6.62
ROOM USE	148	195 209 997 245 0 245 4,205 0 0 0 30 0 4,175 364		7,150.74	4	89.18 34.21 20.41	.080		149.92 48.32		2.72
CROSSOVERS/ALL OTH OUTDING	221	997		20,352.74	4	20.41	.380		92.09		7.75
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	7	245	\$	164,485.07	7 \$	671.37	.093		23497.87		
MENTALLY ILL	0	0		.00)	.00			.00		.00
DEVELOP. DISABLED	7	245		164,485.07	7	671.37	.093		23497.87		62.64
@NURSING FACILITY	195	4,205	\$	511,605.88 .00	3 \$	121.67	1.601	\$	2623.62	\$	194.82
LEV A-INTERMEDIATE	0	0		.00)	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY	3	30		15,013.87	7	500.46	.011		.00 .00 5004.62		5.72
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
LEV B-REGULAR	193	4,175		496,592.01	L	118.94	1.590		2573.02		189.11
@INTERMEDIATE CARE FACILDD	12	364	\$	60,955.41 60,955.41	L \$	167.46	.139	\$	5079.62	\$	23.21
ICF DDH	12	364		60,955.41	L	167.46	.139		5079.62		23.21
ICF DD	0	364 364 0 0 1,802		.00 .00 93,724.72)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	112	1,802	\$	93,724.72	2 \$	52.01			836.83	\$	
HOSPITAL BASED	0	()		.00 93 , 724.72)	.00	.000		.00		.00
HEMODIALYSIS CENTER	112	1,802		93,724.72	2	52.01	.686				35.69
@REHABILITATION FACILITY	20	129 129	\$	93,724.72 2,312.50 2,312.50) \$	17.93		\$	115.63	\$.88
HOSPITAL BASED	20	129 0 799		2,012.00	,	11.55	.049		115.63		.88
INDEPENDENT FACILITY	0	0		.00 7 , 986.77)	.00	.000		.00		.00
@LABORATORY FACILITY	151	799	\$.304			\$	3.04
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	148	/85		7 , 908.95			.299		53.44		3.01
XO AND OTHERS	3	14 337		77.82 33 , 755.57	2 .	5.56	.005		25.94		.03
	158	337	\$	33,755.57	7 \$	100.16			213.64		
CLINIC	32	83 12 0		3,360.26 1,406.44 .00	5	40.49 117.20	.032		105.01		1.28
SURGICENTER	6 0	12		1,406.44	4		.005		234.41		.54
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL REALIR CLINIC	122	242									
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	RES 1	MONTH-OF-PAYMENT	REPOR	RT FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 17,732
MOP024	FEE-FOR-SERVICE										03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR MN - SC)C -	TOTAL							
2 626 51 70757 72			,			7DD 7 CD 7 CC -	M				
2,626 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
OALL OBUIED DROUTERES	206	OR DAYS OF CARE		100 705 60		ER UNIT/DAY	-		USER		ELIGIBLE
@ALL OTHER PROVIDERS	396	16,064	Ş	139,725.68		8.70		Þ	352.84	Þ	
DURABLE MED. EQUIP.	33	65		11,935.51		183.62	.025		361.68		4.55
BLOOD BANK	U	0		.00	J	.00	.000		.00		.00

HEARING AID DISPENSERS	1	2		881.51	440.76	.001	881.51	.34
MEDICAL TRANSPORTATION	121	8,183		33,956.51	4.15	3.116	280.63	12.93
AMBULANCES/AIR TRANS	85	672		9,946.66	14.80	.256	117.02	3.79
OTHER TRANS	34	7,492		22,150.51	2.96	2.853	651.49	8.44
OTHER SERVICES	5	19		1,859.34	97.86	.007	371.87	.71
ACUPUNCTURE	2	3		48.66	16.22	.001	24.33	.02
ADULT DAY HEALTH CARE CTR	42	486		30,645.90	63.06	.185	729.66	11.67
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	13	593		21,352.66	36.01	.226	1642.51	8.13
OCCUPATIONAL THERAPIST	1	10		165.36	16.54	.004	165.36	.06
OPTICIAN	74	169		1,790.26	10.59	.064	24.19	.68
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		2.79	2.79	.000	2.79	.00
PROSTHETIST/ORTHOTISTS	4	17		9,067.52	533.38	.006	2266.88	3.45
PROSTHETICS	4	17		9,067.52	533.38	.006	2266.88	3.45
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	3	17		232.62	13.68	.006	77.54	.09
SPEECH AND AUDIOLOGY	13	26		2,464.17	94.78	.010	189.55	.94
HOSPICE SERVICES	8	144		15,402.20	106.96	.055	1925.28	5.87
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	26	1,041		5,556.24	5.34	.396	213.70	2.12
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	4	20		346.44	17.32	.008	86.61	.13
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	81	5,306		6,118.77	1.15	2.021	75.54	2.33
@CALIF. CHILDREN SERVICES*	32	289	\$	17,784.58	\$ 61.54	.110	\$ 555.77	\$ 6.77
@XOVER EXCLUDING STATE HOSP**	659	10,210	\$	228,724.75	\$ 22.40	3.888	\$ 347.08	\$ 87.10
0+ MOMATO THE MILEGE TIMES ARE CITY	TAL AC A CEDADAME	TATEODATABLEON	THEM C	NATE SZ -				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

111202 B11111 11112 111020B2B 1	1112 1111101111111111111111111111111	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 17,733
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13	

VENTORA COUNTI	DOMINANT OF DEIN	VICES FOR THE LONG I.	BINI CANE AGED	AID CODE	10		
					MON	NTHLY AVERA	.GE
12,489 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	13,008	668,950 \$	39,820,305.28	\$ 59.53	53.563	3061.22	\$ 3188.43
@PHYSICIANS SERVICES	1,217	2 , 675 \$	46,134.04	\$ 17.25	.214	37.91	\$ 3.69
OUTPATIENT VISITS	11	13	668.49	51.42	.001	60.77	.05
OFFICE VISITS	7	8	315.00	39.38	.001	45.00	.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	353.49	70.70	.000	70.70	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	49	302	9,894.19	32.76	.024	201.92	.79
HOSPITAL VISITS	11	54	2,159.80	40.00	.004	196.35	.17
CRITICAL CARE	2	5	608.00	121.60	.000	304.00	.05
SNF/ICF/TRANS IP CARE	43	243	7,126.39	29.33	.019	165.73	.57
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	611.32	611.32	.000	611.32	.05
PRINCIPAL SURGEON	1	1	611.32	611.32	.000	611.32	.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	4	5		422.72		84.54	.000		105.68		.03
PRINCIPAL SURGEON	4	5		422.72		84.54	.000		105.68		.03
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS				.00		.00	.000		.00		.00
PATHOLOGY	5	61		172.81		2.83	.005		34.56		.01
RADIOLOGY	5	15 0		426.90		28.46	.001		85.38		.03
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1,168	2 , 278					.000		.00 29.06		2.72
OTHER SERVICES/ALL X-OVERS @PHARMACY	9,186	116,650	\$	33,937.61 4,060,318.62	ċ	14.90 34.81	.182 9.340	ċ		ċ	325.11
PRESCRIPTION DRUGS	9,186	76,305	Ą	4,080,316.82	Ą	52.87	6.110	ş	442.01	ې	323.11
SNF/ICF	8,983	74,579		4,033,963.11		54.23	5.972		450.26		323.86
OUTPATIENTS	213	1,726		10,709.59CR		6.20CR	.138		50.28C	D	.86CR
MEDICAL SUPPLIES	228	40,345		26,335.51		.65	3.230		115.51	K	2.11
@DENTIST	1,017	3,659	\$	128,078.25	Ċ	35.00	.293	Ċ		Ċ	10.26
VISITS - DIAGNOSTIC	907	2,951	Ÿ	41,993.25	Y	14.23	.236	Ÿ	46.30	Y	3.36
ORAL SURGERY	58	165		6,923.00		41.96	.013		119.36		.55
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	128	128		21,217.00		165.76	.010		165.76		1.70
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	28	104		6,599.00		63.45	.008		235 68		.53
PROSTHETICS	2	2		80.00		40.00	.000		235.68 40.00 374.20		.01
	137	306		51,266.00		167.54	.025		374.20		4.10
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	6	3	RES M	.00	PORT	.00	.000	DEC	.00	P.	.00
	6	3 CES AND EXPENDITUE	RES M		PORT	.00	.000	DEC	.00	P.	
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	6 MEDI-CAL SERVICE FEE-FOR-SERVICE	3 CES AND EXPENDITUE		.00 MONTH-OF-PAYMENT RE	POR'I	.00	.000 2004 THRU	DEC	.00	P.	.00 AGE 17,734
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	6 MEDI-CAL SERVICE FEE-FOR-SERVICE	3 CES AND EXPENDITUR E/DENTAL		.00 MONTH-OF-PAYMENT RE	PORT	.00 For Jan 2	.000 2004 THRU		2004		.00 AGE 17,734 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	6 MEDI-CAL SERVICE FEE-FOR-SERVICE	3 CES AND EXPENDITUR E/DENTAL	ONG I	.00 MONTH-OF-PAYMENT RE		.00 For Jan 2	.000 2004 THRU 13	ONT	.00 2004 HLY AVERA COST PER	GE	.00 AGE 17,734 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY	6 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE	3 CES AND EXPENDITUE E/DENTAL VICES FOR MN - LO	ONG I	.00 MONTH-OF-PAYMENT RE	AVE	.00 FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY	.000 2004 THRU 13 M UNITS/DAY PER ELIG	IONT S	.00 2004 HLY AVERA COST PER USER	GE	.00 AGE 17,734 03/14/05 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 12,489 ELIGIBLES @OPTOMETRIST	6 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	3 CES AND EXPENDITURE JOHN JOHN	ONG I	.00 MONTH-OF-PAYMENT RE CERM CARE - AGED EXPENDITURES 15,758.46	AVE	.00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY 18.61	.000 2004 THRU 13 M UNITS/DAY PER ELIG .068	IONT S ; \$.00 2004 HLY AVERA COST PER USER 52.70	GE	.00 AGE 17,734 03/14/05 COST PER ELIGIBLE 1.26
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 12,489 ELIGIBLES	6 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 299 34	3 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 847 34	ONG I E E	.00 MONTH-OF-PAYMENT RE CERM CARE - AGED EXPENDITURES 15,758.46 1,608.92	AVE PEF	.00 FOR JAN 2 AID CODE CRAGE COST UNIT/DAY 18.61 47.32	.000 2004 THRU 13 M UNITS/DAY PER ELIG	IONT S ; \$.00 2004 HLY AVERA COST PER USER 52.70 47.32	GE	.00 AGE 17,734 03/14/05 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 12,489 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	6 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 299 34 272	3 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 847 34 790	ONG I E E	.00 MONTH-OF-PAYMENT RE CERM CARE - AGED EXPENDITURES 15,758.46 1,608.92 13,811.16	AVE PEF	.00 FOR JAN 2 AID CODE CRAGE COST R UNIT/DAY 18.61 47.32 17.48	.000 2004 THRU 13 M UNITS/DAY PER ELIG .068 .003 .063	IONT S ; \$.00 2004 HLY AVERA COST PER USER 52.70 47.32 50.78	GE	.00 AGE 17,734 03/14/05 COST PER ELIGIBLE 1.26 .13 1.11
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 12,489 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 299 34 272 12 0	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARR 847 34 790 23 0	ONG I E E	.00 MONTH-OF-PAYMENT RE TERM CARE - AGED EXPENDITURES 15,758.46 1,608.92 13,811.16 338.38 .00	AVE PEF	.00 FOR JAN 2 AID CODE CRAGE COST R UNIT/DAY 18.61 47.32 17.48 14.71 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .068 .003 .063 .002 .000	IONT S \$.00 2004 HLY AVERA COST PER USER 52.70 47.32 50.78 28.20 .00	GE	.00 AGE 17,734 03/14/05 COST PER ELIGIBLE 1.26 .13 1.11 .03 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 12,489 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 299 34 272 12 0 0	3 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 847 34 790 23 0 0	ONG T E E \$.00 MONTH-OF-PAYMENT RE CERM CARE - AGED EXPENDITURES 15,758.46 1,608.92 13,811.16 338.38 .00 .00	AVE PEF \$.00 FOR JAN 2 AID CODE CRAGE COST R UNIT/DAY 18.61 47.32 17.48 14.71 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .068 .003 .063 .002 .000	IONT S \$.00 2004 HLY AVERA COST PER USER 52.70 47.32 50.78 28.20 .00	GE	.00 AGE 17,734 03/14/05 COST PER ELIGIBLE 1.26 .13 1.11 .03 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 12,489 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 299 34 272 12 0 0 0	GES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 847 34 790 23 0 0 0	ONG I E E \$.00 MONTH-OF-PAYMENT RE TERM CARE - AGED EXPENDITURES 15,758.46 1,608.92 13,811.16 338.38 .00 .00 .00	AVE PEF \$.00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY 18.61 47.32 17.48 14.71 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .068 .003 .003 .003 .002 .000 .000	IONT S \$ \$ \$.00 2004 HLY AVERA COST PER USER 52.70 47.32 50.78 28.20 .00 .00	GE \$.00 AGE 17,734 03/14/05 COST PER ELIGIBLE 1.26 .13 1.11 .03 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 12,489 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 299 34 272 12 0 0 0 1,386	3 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 847 34 790 23 0 0 0 2,222	ONG T E E \$.00 MONTH-OF-PAYMENT RE TERM CARE - AGED EXPENDITURES 15,758.46 1,608.92 13,811.16 338.38 .00 .00 .00 .00 10,971.65	AVE PEF \$.00 FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 18.61 47.32 17.48 14.71 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .068 .003 .003 .003 .002 .000 .000	IONT S \$ \$ \$.00 2004 HLY AVERA COST PER USER 52.70 47.32 50.78 28.20 .00 .00 .00 7.92	GE \$.00 AGE 17,734 03/14/05 COST PER ELIGIBLE 1.26 .13 1.11 .03 .00 .00 .00 .88
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 12,489 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 299 34 272 12 0 0 0 1,386 0	3 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 847 34 790 23 0 0 0 2,222 0	ONG I E E \$.00 MONTH-OF-PAYMENT RE TERM CARE - AGED EXPENDITURES 15,758.46 1,608.92 13,811.16 338.38 .00 .00 .00 .00 10,971.65 .00	AVE PEF \$.00 FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 18.61 47.32 17.48 14.71 .00 .00 .00 4.94 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .068 .003 .063 .002 .000 .000 .000	IONT S \$ \$ \$.00 2004 HLY AVERA COST PER USER 52.70 47.32 50.78 28.20 .00 .00 .00 7.92 .00	GE \$.00 AGE 17,734 03/14/05 COST PER ELIGIBLE 1.26 .13 1.11 .03 .00 .00 .00 .88 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 12,489 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 299 34 272 12 0 0 0 1,386 0 0	GES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 847 34 790 23 0 0 0 2,222 0 0	ONG I E E \$.00 MONTH-OF-PAYMENT RE TERM CARE - AGED EXPENDITURES 15,758.46 1,608.92 13,811.16 338.38 .00 .00 .00 10,971.65 .00 .00	AVE PEF \$.00 FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 18.61 47.32 17.48 14.71 .00 .00 .00 4.94 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .068 .003 .063 .002 .000 .000 .000	IONT S \$ \$ \$.00 2004 HLY AVERA COST PER USER 52.70 47.32 50.78 28.20 .00 .00 .00 7.92 .00	GE \$.00 AGE 17,734 03/14/05
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 12,489 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 299 34 272 12 0 0 0 1,386 0 0 1,386	GES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 847 34 790 23 0 0 0 2,222 0 0 0 2,222	ONG TEE	.00 MONTH-OF-PAYMENT RE TERM CARE - AGED EXPENDITURES 15,758.46 1,608.92 13,811.16 338.38 .00 .00 .00 .00 10,971.65 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PEF \$.00 FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 18.61 47.32 17.48 14.71 .00 .00 .00 4.94 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .068 .003 .063 .002 .000 .000 .000 .178 .000	ONT S \$ \$.00 2004 HLY AVERA COST PER USER 52.70 47.32 50.78 28.20 .00 .00 .00 .00 .00 .00 .00	GE \$.00 AGE 17,734 03/14/05
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 12,489 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	USERS 299 34 272 12 0 0 1,386 0 0 1,386 0 0 0 1,386 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 847 34 790 23 0 0 2,222 0 0 2,222 0 0 0 0 0 0 2,222	ONG TEE \$ \$ \$ \$ \$ \$ \$ \$.00 MONTH-OF-PAYMENT RE TERM CARE - AGED EXPENDITURES 15,758.46 1,608.92 13,811.16 338.38 .00 .00 .00 .00 .00 10,971.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PEF \$.00 FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 18.61 47.32 17.48 14.71 .00 .00 .00 4.94 .00 .00 4.94 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU 13 M UNITS/DAY PER ELIG .068 .003 .063 .002 .000 .000 .000 .178 .000 .000 .178 .000 .000 .178 .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$ \$ \$ \$ \$ \$.00 2004 HLY AVERA COST PER USER 52.70 47.32 50.78 28.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	E o o o o o o o o o o o o o o o o o o o	.00 AGE 17,734 03/14/05 COST PER ELIGIBLE 1.26 .13 1.11 .03 .00 .00 .00 .00 .88 .00 .00 .00 .88 .00 .00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.00	0	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.00	0	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.00	0	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.00	0	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.00	0	.00	.00
ANCILLARIES	0	0	.00	.00	.00	0	.00	.00
INPATIENT CROSSOVERS	95	0	126,718.48	.00	.00	0	1333.88	10.15
ALL OTHER INPATIENT	0	0	.00	.00	.00	0	.00	.00
HOSP OUTPATIENT TOTAL	245	1,013	17,426.69	17.20	.08	1	71.13	1.40
MEDICAL	5	7	97.87	13.98	.00	1	19.57	.01
SURGERY	3	3	50.20	16.73	.00	0	16.73	.00
PATHOLOGY	6	27	86.92	3.22	.00	2	14.49	.01
RADIOLOGY	6	14	533.99	38.14	.00	1	89.00	.04
ROOM USE	9	10	315.51	31.55	.00	1	35.06	.03
CROSSOVERS/ALL OTH OUTPINT	236	952	16,342.20	17.17	.07	6	69.25	1.31
@COUNTY HOSPITAL TOTAL	53	193	\$ 2,495.93	\$ 12.93	.01	5 \$		\$.20
CO HOSPITAL INPATIENT TOTAL	1	0	876.00	.00	.00	0	876.00	.07
HSC HOSPITALS	0	0	.00	.00	.00	0	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.00	0	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.00	0	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.00	0	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.00	0	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.00	0	.00	.00
ANCILLARIES	0	0	.00	.00	.00		.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.00	0	876.00	.07
ALL OTHER INPATIENT	0	0	.00	.00	.00	0	.00	.00
CO HOSP OUTPATIENT TOTAL	53	193	1,619.93	8.39	.01		30.56	.13
MEDICAL	1	1	47.09	47.09	.00		47.09	.00
SURGERY	0	0	.00	.00	.00		.00	.00
PATHOLOGY	1	3	53.14	17.71	.00	0	53.14	.00
RADIOLOGY	1	1	40.79	40.79	.00	0	40.79	.00
ROOM USE	3	4	251.22	62.81	.00	0	83.74	.02

CROSSOVERS/ALL OTH OUTPINT 50 184 1,227.69 6.67 .015 24.55 .10 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,735 03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13 VENULDA COLIMAN

VENTURA COUNTY	SUMMARY OF SERVICE	S FOR MN - L	ONG '	TERM CARE - AGED		AID CODE	13			
							MC	NTHLY AVERA	AGE	
12,489 ELIGIBLES	USERS UN	ITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS			COST PER
12, 103 221012220		R DAYS OF CAR		2111 2112 1 1 0 1 1 2 0			PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	285	873	ŝ	185,895.00			.070			14.88
COMM HOSP INPATIENT TOTAL	102	53	Y	170,088.24		3209.21	.004	1667.53	Y	13.62
HSC HOSPITALS	8	53		44,245.76		834.83	.004	5530.72		3.54
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	94	0		125,842.48		.00	.000	1338.75		10.08
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	194	820		15,806.76		19.28	.066	81.48		1.27
MEDICAL	4	6		50.78		8.46	.000	12.70		.00
	2	3				16.73	.000	16.73		.00
SURGERY	3			50.20						
PATHOLOGY	5 5	24		33.78		1.41	.002	6.76		.00
RADIOLOGY	5	13		493.20		37.94	.001	98.64		.04
ROOM USE	6	6		64.29		10.72	.000	10.72		.01
CROSSOVERS/ALL OTH OUTPINT		768		15,114.51		19.68	.061	80.40		1.21
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0 10,232	0		.00		.00	.000	.00		.00
@NURSING FACILITY	10,232	310,936	\$	33,557,559.27	\$	107.92	24.897	\$ 3279.67	\$	2686.97
LEV A-INTERMEDIATE	, 0	. 0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	4.0	1,179		449,301.69		381.09	.094	11232.54		35.98
LEV B-SUBACUTE HSPTL BASED	10	2,483		1,263,934.49		509.04	.199	26331.97		101.20
LEV B SUBACUTE HISTE BASED LEV B-TRANSITIONAL IP CARE	40	2,403		.00		.00	.000	.00		.00
	10 163									
LEV B-REGULAR	40 48 0 10,162 47	307,274	<u> </u>	31,844,323.09		103.63	24.604	3133.67	<u>^</u>	2549.79
@INTERMEDIATE CARE FACILDD	4 /	1,417	\$	234,032.93		165.16		\$ 4979.42	Þ	18.74
ICF DDH	36	1,088		166,449.67		152.99	.087	4623.60		13.33
ICF DD	O	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	11	329		67 , 583.26		205.42	.026	6143.93		5.41
ICF DDH ICF DDD ICF DDN/DDCN GHEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER GREHABILITATION FACILITY	72	87	\$	50 , 074.68		575.57	.007		\$	4.01
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	72	87		50,074.68		575.57	.007	695.48		4.01
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	Ō		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	43	255	\$	1,933.97		7.58	.020		\$.15
PATHOLOGY	41	252	τ	1,874.59		7.44	.020	45.72	т	.15
XO AND OTHERS	2	3		59.38		19.79	.000	29.69		.00
@ORGANIZED OUTPATIENT CLINIC	15	17	Ċ	1,670.24		98.25	.001		ċ	.13
	6	8	Ą	-				•	۲	.01
CLINIC	5	5		158.15		19.77	.001	26.36		
SURGICENTER				1,025.49		205.10	.000	205.10		.08
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	4	4		486.60		121.65	.000	121.65		.04
	MEDI-CAL SERVICES		RES I	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU D	EC 2004	F	PAGE 17,736
MOP024	FEE-FOR-SERVICE/DE	NTAL								03/14/05
VENTURA COUNTY	SUMMARY OF SERVICE	S FOR MN - L	ONG !	TERM CARE - AGED		AID CODE	13			

12,489 ELIGIBLES	USERS	UNITS OF SERVIC	ΈE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	RΕ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,990	229,119	\$	1,525,382.24	\$ 6.66	18.346	\$ 766.52	\$ 122.14
DURABLE MED. EQUIP.	178	1,699		98,255.09	57.83	.136	551.99	7.87
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	13		940.15	72.32	.001	117.52	.08
MEDICAL TRANSPORTATION	419	25 , 119		80,471.45	3.20	2.011	192.06	6.44
AMBULANCES/AIR TRANS	11	86		1,388.72	16.15	.007	126.25	.11
OTHER TRANS	218	22,717		73,506.16	3.24	1.819	337.18	5.89
OTHER SERVICES	200	2,316		5 , 576.57	2.41	.185	27.88	.45
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	16		1,134.16	70.89	.001	378.05	.09
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	266	586		7,394.97	12.62	.047	27.80	.59
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	85	141		749.11	5.31	.011	8.81	.06
PROSTHETIST/ORTHOTISTS	10	38		2,300.29	60.53	.003	230.03	.18
PROSTHETICS	7	32		2,128.41	66.51	.003	304.06	.17
ORTHOTICS	3	6		171.88	28.65	.000	57.29	.01
PSYCHOLOGIST	63	220		3,124.45	14.20	.018	49.59	.25
SPEECH AND AUDIOLOGY	141	376		27,433.76	72.96	.030	194.57	2.20
HOSPICE SERVICES	364	11,603		1,227,566.72	105.80	.929	3372.44	98.29
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	648	189,308		76,012.09	.40	15.158	117.30	6.09
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4,144	129,813	\$	1,543,105.48	\$ 11.89	10.394	\$ 372.37	\$ 123.56
A* TOTALS IN THESE ITMES ARE CT	TIENT AC A CEDA	DAME INFORMATION	TUEM	ONIT V .				

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,737 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

DOLLINITICE OF DELIC	A T C T O T O T T T T	10110 11	JIWI CIIIW	1110 0000	23		
					MON	ITHLY AVERA	GE
USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
32	31 , 663	\$	114,232.39	\$ 3.61	1439.227	3569.76	\$ 5192.38
3	4	\$	73.24	\$ 18.31	.182	24.41	\$ 3.33
1	1		57.15	57.15	.045	57.15	2.60
1	1		57.15	57.15	.045	57.15	2.60
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
	USERS	USERS UNITS OF SERVIO OR DAYS OF CAR	USERS UNITS OF SERVICE OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE 32 31,663 \$ 114,232.39 3 4 \$ 73.24 1 1 57.15 1 1 57.15 0 0 0 .00 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE 32 31,663 \$ 114,232.39 \$ 3.61 3 4 \$ 73.24 \$ 18.31 1 1 57.15 57.15 1 1 57.15 57.15 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE 32 31,663 \$ 114,232.39 \$ 3.61 1439.227	USERS UNITS OF SERVICE OR DAYS OF CARE 32 31,663 \$ 114,232.39 \$ 3.61 1439.227 \$ 3569.76 34 \$ 73.24 \$ 18.31 .182 \$ 24.41 1 1 57.15 57.15 .045 57.15 1 1 57.15 57.15 .045 57.15 0 0 0 0 .00 .00 .000 .000 0 0 0 0 0 0

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
	0	0							
OUTPATIENT SURGERY	U	U		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	U	U		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		8.08	8.08	.045	8.08		.37
RADIOLOGY	1	1		6.92	6.92	.045	6.92		.31
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		1.09	1.09	.045	1.09		.05
@PHARMACY	27	228	\$	9,715.70	\$ 42.61	10.364 \$		Ś	441.62
PRESCRIPTION DRUGS	27	228	т	9,715.70	42.61	10.364	359.84	т	441.62
SNF/ICF	27	220		10,146.52	46.12	10.000	375.80		461.21
	0	8		430.82CR			.00		19.58CR
OUTPATIENTS	•								
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	2	2	\$	65.00	\$ 32.50	.091 \$		\$	2.95
VISITS - DIAGNOSTIC	2	2		65.00	32.50	.091	32.50		2.95
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
•	0	0							
ORTHODONTIC SERVICES	U	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	_	.00
#CALIF DEPT OF HEALTH SERV			JRES I	MONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU DE	C 2004	Ρ.	AGE 17,738
MOP024	FEE-FOR-SERVICE								03/14/05
VENTURA COUNTY	SUMMARY OF SERV	/ICES FOR MN - L	LONG '	TERM CARE - BLIND	AID CODE				
						MON			
22 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CAR	RΕ		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS	0	0	т	.00	.00	.000	.00	т	.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	1	2	\$	1.49	\$.75	.091 \$		Ċ	.07
MEDICINE/INJECTIONS	0	0	٧					ٻ	
, , , , , , , , , , , , , , , , , , , ,	•			.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	1	2		1.49	.75	.091	1.49		.07
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00

NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0			\$.00	\$.00		\$.00		
FAMILY NURSE PRACTITIONER	0		0	Ś	.00	\$.00			\$.00	
@TOTAL HOSPITAL	1		1	Ś	4.84	Ś	4.84	.045			
HOSP INPATIENT TOTAL	0		0	7	.00	т.	.00	.000	.00	.00	
HSC HOSPITALS	0		0		.00		.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	.00	.00	
ACCOMMODATIONS	0		0		.00		.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00	.00	
	0		0		.00		.00	.000	.00	.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00	.00	
ALL OTHER ACCOM	0		0								
ANCILLARIES	0		0		.00		.00	.000	.00	.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00	.00	
ALL OTHER INPATIENT	U		0		.00		.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	1		Ţ		4.84		4.84	.045	4.84	.22	
MEDICAL	U		0		.00		.00	.000	.00	.00	
SURGERY	0		0		.00		.00	.000	.00	.00	
PATHOLOGY	U		0		.00		.00	.000	.00	.00	
RADIOLOGY	0		0		.00		.00	.000	.00	.00	
ROOM USE	0		0		.00		.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	1		1		4.84		4.84	.045	4.84	.22	
@COUNTY HOSPITAL TOTAL	1			\$	4.84	\$	4.84	.045	•		
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000	.00	.00	
HSC HOSPITALS	0		0		.00		.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00	.00	
ACCOMMODATIONS	0		0		.00		.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00	.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00	.00	
ALL OTHER ACCOM	0		0		.00		.00	.000	.00	.00	
ANCILLARIES	0		0		.00		.00	.000	.00	.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00	.00	
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1		1		4.84		4.84	.045	4.84	.22	
MEDICAL	0		0		.00		.00	.000	.00	.00	
SURGERY	0		0		.00		.00	.000	.00	.00	
PATHOLOGY	0		0		.00		.00	.000	.00	.00	
RADIOLOGY	0		0		.00		.00	.000	.00	.00	
ROOM USE	0		0		.00		.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	1		1		4.84		4.84	.045	4.84	.22	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPE	ENDITURE	S MON	TH-OF-PAYMENT RE	PORT	FOR JAN 2	2004 THRU I	EC 2004		
MOP024	FEE-FOR-SERVICE/I	ENTAL								03/14/0	
VENTURA COUNTY	SUMMARY OF SERVICE	CES FOR N	4N - LON	G TER	M CARE - BLIND		AID CODE	23			
								MC	NTHLY AVERA	GE	
22 ELIGIBLES	USERS (JNITS OF S	3ERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS C	OF CARE			PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00	.00	
HSC HOSPITALS	0		0		.00		.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00	.00	
ACCOMMODATIONS	0		0		.00		.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00	.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00	.00	
ALL OTHER ACCOM	0		0		.00		.00	.000	.00	.00	
ANCILLARIES	0		0		.00		.00	.000	.00	.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00	.00	
ALL OTHER INPATIENT	Ö		0		.00		.00	.000	.00	.00	

COMM HOOD OHEDAETENE HOEAT	0	0	0.0	0.0	000	0.0	0.0
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	17	438	\$ 45,049.06	\$ 102.85	19.909	\$ 2649.94	\$ 2047.68
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	17	438	45,049.06	102.85	19.909	2649.94	2047.68
@INTERMEDIATE CARE FACILDD	12	369	\$ 54 , 932.87	\$ 148.87	16.773	\$ 4577.74	\$ 2496.95
ICF DDH	12	369	54,932.87	148.87	16.773	4577.74	2496.95
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	15	\$ 371.70	\$ 24.78	.682	\$ 41.30	\$ 16.90
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER 0 0 .00 .00 .000 .00 .00 .00 .00 .000 HEROIN DETOX CLINIC 0 0 .00 .00 RURAL HEALTH CLINIC 9 1.5 371.70 24.78 .682 41.30 16.90 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,740 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

							MO	TNC	HLY AVERA	GE	
22 ELIGIBLES	USERS UN	ITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S C	COST PER		COST PER
	C	R DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	12	30,604	\$	4,018.49	\$.13	1391.091	\$	334.87	\$	182.66
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	1	1		.82		.82	.045		.82		.04
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	3	17		452.12		26.60	.773		150.71		20.55
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	11	30,586		3,565.55		.12	1390.273		324.14		162.07
@CALIF. CHILDREN SERVICES*	1	1	\$	57.15	\$	57.15	.045	\$	57.15	\$	2.60
@XOVER EXCLUDING STATE HOSP**	7	5	\$	4,638.69	\$	927.74	.227	\$	662.67	\$	210.85
0 * TOTALS IN THESE LINES ARE GIVE	EN AS A SEPARATE	TNFORMATION	TTEM O	VIT.Y:							

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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OB VISITS/COMPRE PERI

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,741
MOP024 FEE-FOR-SERVICE/DENTAL
VENTURA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

----- MONTHLY AVERAGE -----

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2,398 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,592 639,987 \$ 11,657,510.48 \$ 18.22 266.884 \$ 4497.50 \$ 4861.35 @TOTAL, ALL PROVIDERS 453 2,335 .974 \$ 155.16 \$ 29.31 @PHYSICIANS SERVICES 70,287.65 \$ 30.10 49.75 .027 72.37 1.33 OUTPATIENT VISITS 44 64 3,184.27 31 49 1,987.88 40.57 .020 64.13 . 83 OFFICE VISITS 0 0 .00 .00 .00 .00 .00 87.91 .00 .000 HOME VISITS 12 13 1,142.87 95.24 .48 EMERGENCY ROOM .005 .00 0 0 .00 PREVENTIVE CARE .000 .00

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^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	2	2		53.52		26.76	.001		26.76		.02
INPATIENT VISITS	108	620		28,670.89		46.24	.259		265.47		11.96
HOSPITAL VISITS	41	450		19,028.93		42.29	.188		464.12		7.94
CRITICAL CARE	7	40				144.39	.017		825.10		2.41
SNF/ICF/TRANS IP CARE	79	130		3,866.26		29.74	.054		48.94		1.61
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0				$\cap \cap$.000				.00
INPATIENT HOSPITAL SURGERY	14	74		12 200 04		179.73	.031		.00 950.00		5.55
	11	25		.00 13,299.94 11 741 85		469.67			950.00		
PRINCIPAL SURGEON				11, /11.00			.010		1067.44		4.90
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	49		1,558.09		31.80	.020		311.62		.65
OUTPATIENT SURGERY	16	101 7 0 94 0		4,121.27		40.80	.042		257.58		1.72
PRINCIPAL SURGEON	5	7		1,819.85		259.98	.003		363.97		.76
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	12	94		2,301.42		24.48	.039		191.79		.96
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	30	378		714.03		1.89	.158		23.80		.30
RADIOLOGY	30	118		3,155.29		1.89 26.74	.049		23.80 105.18		1.32
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION				17.81		8.91	.001		8.91		.01
OTHER SERVICES/ALL X-OVERS	315	978		17,124.15		17.51	.408		54.36		7.14
@PHARMACY	1 020	2 978 90,327 15,808	Ċ	1 152 155 07	Ċ		37.668			Ċ	480.88
PRESCRIPTION DRUGS	1,938 1,921	15,808	۲	1,153,155.07 1,135,574.65	۲		6.592	۲	591.14	۲	473.55
SNF/ICF		14,643				72.64	6.106		606.09		443.58
	1,733			1,063,696.43							
OUTPATIENTS MEDICAL SUPPLIES	223	1,165 74,519		71,878.22		61.70 .24	.486		322.32		29.97
MEDICAL SUPPLIES	138			17,580.42		. 24	31.075		127.39		7.33
@DENTIST	195	706	\$	29,988.60 9,208.50	Ş	42.48		\$	153.79	Ş	12.51
VISITS - DIAGNOSTIC	173	517		9,208.50		17.81	.216		53.23		3.84
ORAL SURGERY	19	83		4,585.00		55.24	.035		241.32		1.91
DRUGS	1	4 0		60.00		15.00	.002		60.00		.03
ANESTHESIA	0	0		.00		.00	.000		. 0 0		.00
PERIODONTICS	25	26 2		4,081.00		156.96 107.50	.011		163.24		1.70
ENDODONTICS	2	2		215.00		107.50	.001		107.50		.09
RESTORATIVE DENTISTRY	20	51		4,294.00		84.20	.021		214.70		1.79
PROSTHETICS	1	2		650.00		325.00	.001		650.00		.27
DENTURES, STAYPLATES	13	20		6,755.00		337.75	.008		519.62		2.82
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		140.10		140.10	.000		140.10		.06
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		_	PEC I	MONTH-OF-PAYMENT RE	FPORT			DEC		D7	AGE 17,742
MOP024	FEE-FOR-SERVICE		(110)	MONIII OF TATMENT RE	DI OIVI	FOR OAN	2004 111110	טמכ	2004	1.7	03/14/05
VENTURA COUNTY			NIC I	TERM CARE - DISABLE	E D	AID CODE	62				03/14/03
VENTURA COUNTI	SUMMARI OF SER	VICES FOR MN - LC	JNG	IERM CARE - DISABLE	ED.	AID CODE		ONT III		CE	
2 200 ELICIPIES	HOEDO	INITES OF SERVICE	,	EXPENDIBLE	70 7 7 77 77	DACE COCE	M				
2,398 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
0.0000000000000000000000000000000000000	0.0	OR DAYS OF CARE		6 204 25			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	93	225	\$	6,384.35	\$	28.37	.094	Ş	68.65	\$	2.66
DIAGNOSTIC AND ANC. PROCED	39	39		1,705.54		43.73	.016		43.73		.71
EYE APPLIANCES	65	183		4,631.29		25.31	.076		71.25		1.93
OTHER OPTOMETRIC SERVICES	2	3		47.52		15.84	.001		23.76		.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	145	230	\$	1,201.31	\$	5.22	.096	\$	8.28	\$.50

MEDICINE/INJECTIONS	1	1	24.00	24.00	.000	24.00	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	144	229	1,177.31	5.14	.095	8.18	.49
@HOME HEALTH AGENCY	3	12 \$	853.39	\$ 71.12	.005 \$		\$.36
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0 \$.00		•		
NURSE MIDWIFE	-			•	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
@TOTAL HOSPITAL	202	895 \$	176,210.57	\$ 196.88	.373 \$		
HOSP INPATIENT TOTAL	36	202	157,853.04	781.45	.084	4384.81	65.83
HSC HOSPITALS	14	109	99,055.00	908.76	.045	7075.36	41.31
NON-HSC HOSPITAL TOTAL	4	93	34,970.48	376.03	.039	8742.62	14.58
ACCOMMODATIONS	4	93	21,508.22	231.27	.039	5377.06	8.97
ADMINISTRATIVE DAYS	2	92	21,279.60	231.30	.038	10639.80	8.87
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	1	228.62	228.62	.000	114.31	.10
ANCILLARIES	4	0	13,462.26	.00	.000	3365.57	5.61
INPATIENT CROSSOVERS	19	0	23,827.56	.00	.000	1254.08	9.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	170	693	18,357.53	26.49	.289	107.99	7.66
MEDICAL	36	59	2,551.78	43.25		70.88	1.06
	7	7	-		.025		
SURGERY	·		310.06	44.29	.003	44.29	.13
PATHOLOGY	19	90	759.60	8.44	.038	39.98	.32
RADIOLOGY	19	27	2,632.81	97.51	.011	138.57	1.10
ROOM USE	41	69	3,190.11	46.23	.029	77.81	1.33
CROSSOVERS/ALL OTH OUTPTNT	120	441	8,913.17	20.21	.184	74.28	3.72
@COUNTY HOSPITAL TOTAL	89	349 \$	57 , 718.25	\$ 165.38	.146 \$		
CO HOSPITAL INPATIENT TOTAL	5	108	50 , 398.68	466.65	.045	10079.74	21.02
HSC HOSPITALS	4	16	17,600.00	1100.00	.007	4400.00	7.34
NON-HSC HOSPITALS TOTAL	2	92	32,798.68	356.51	.038	16399.34	13.68
ACCOMMODATIONS	2	92	21,279.60	231.30	.038	10639.80	8.87
ADMINISTRATIVE DAYS	2	92	21,279.60	231.30	.038	10639.80	8.87
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	2	0	11,519.08	.00	.000	5759.54	4.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	85	241	7,319.57	30.37	.101	86.11	3.05
MEDICAL	25	41	1,523.90	37.17	.017	60.96	.64
SURGERY	1	1	47.09	47.09	.000	47.09	.02
	4	4		21.00			
PATHOLOGY	6		84.01		.002	21.00	.04
RADIOLOGY		7	667.42	95.35	.003	111.24	.28
ROOM USE	32	55	2,686.70	48.85	.023	83.96	1.12
CROSSOVERS/ALL OTH OUTPTNT	52	133	2,310.45	17.37	.055	44.43	.96
		ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	SPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 17,743
MOP024	FEE-FOR-SERVICE						03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG TE	RM CARE - DISABLE	D AID CODE			
					MON		
2,398 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	116	546 \$	118,492.32	\$ 217.02	.228 \$	1021.49	
COMM HOSP INPATIENT TOTAL	31	94	107,454.36	1143.13	.039	3466.27	44.81
HSC HOSPITALS	10	93	81,455.00	875.86	.039	8145.50	33.97
NON-HSC HOSPITALS TOTAL	2	1	2,171.80	2171.80	.000	1085.90	.91
ACCOMMODATIONS	2	1	228.62	228.62	.000	114.31	.10

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	1		228.62		228.62	.000		114.31		.10
ANCILLARIES	2	0		1,943.18		.00	.000		971.59		.81
INPATIENT CROSSOVERS	19	0		23,827.56		.00	.000		1254.08		9.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	88	452		11,037.96		24.42	.188		125.43		4.60
MEDICAL	11	18		1,027.88		57.10	.008		93.44		.43
SURGERY	6	6		262.97		43.83	.003		43.83		.11
PATHOLOGY	15	86		675.59		7.86	.036		45.04		.28
RADIOLOGY	13	20		1,965.39		98.27	.008		151.18		.82
ROOM USE	9	14		503.41		35.96	.006		55.93		.21
CROSSOVERS/ALL OTH OUTPTNT		308		6,602.72		21.44	.128		95.69		2.75
@STATE HOSPITAL	0	0	\$		\$.00	.000	\$.00	\$.26
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		629.60		.00	.000		.00		.26
@NURSING FACILITY	1,216	37,708	\$		\$		15.725	\$	4859.15	\$	2464.02
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		147		54,855.40		373.17	.061		9142.57		22.88
LEV B-SUBACUTE HSPTL BASED	93	4,423		2,307,191.07		521.63	1.844		24808.51		962.13
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,135	33,138		3,546,682.46		107.03	13.819		3124.83		1479.02
@INTERMEDIATE CARE FACILDD	850	25,978	\$	-,,	Ş	152.96		Ş	4674.97	Ş	1657.10
ICF DDH	797	24,194		3,640,325.27		150.46	10.089		4567.53		1518.07
ICF DD	6	184		21,997.99		119.55	.077		3666.33		9.17
ICF DDN/DDCN	47	1,600	_	311,398.50	_	194.62	.667	_	6625.50	_	129.86
@HEMODIALYSIS TOTAL	14	17	\$		\$			Ş	761.64	Ş	4.45
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	14	17	<u>^</u>	10,662.98	<u> </u>	627.23	.007	<u>^</u>	761.64	<u>^</u>	4.45
@REHABILITATION FACILITY	15	105	\$,	\$	18.80	.044	Ş		Ş	.82
HOSPITAL BASED	2	20		413.92		20.70	.008		206.96		.17
INDEPENDENT FACILITY	13	85	ċ	1,560.21	ć	18.36	.035	ć	120.02	ć	.65
@LABORATORY FACILITY	103 103	424	\$	•	\$	10.16	.177	Þ	41.84	Þ	1.80
PATHOLOGY	103	424		4,309.71		10.16	.177		41.84		1.80
XO AND OTHERS	45	0 65	ċ	.00	ć	.00	.000	ć	.00	ć	.00
@ORGANIZED OUTPATIENT CLINIC	45 5	65 7	\$	2,298.98 111.72	\$	35.37 15.96	.027	Þ		Þ	.96
CLINIC	J 1	10		232.08		23.21	.003		22.34 232.08		.05
SURGICENTER	0	0		.00		.00	.004		.00		.10
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	39	48		1,955.18		40.73	.020		50.13		.82
#CALIF DEPT OF HEALTH SERV			DEC	MONTH-OF-PAYMENT F				DEC		D	AGE 17,744
MOP024	FEE-FOR-SERVICE		KES	MONIH-OF-FAIMENI F	KEFUK.	L FOR JAN	2004 INKO	DEC	. 2004	г	03/14/05
VENTURA COUNTY			ONC	TERM CARE - DISABI	רם	AID CODE	63				03/14/03
VENTORA COUNTI	DOMMANT OF DERV	ICES FOR MIN L	ONG	TERM CARE DISABI	עשט	AID CODE		гиог	HLY AVERA	CF	
2,398 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	Δ 7.71	TRACE COST	UNITS/DAY		COST PER		COST PER
2,390 EEIGIDEES	ODERD	OR DAYS OF CAR		EXTENDITORES			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	805	480,960	\$	317,103.45	\$.66	200.567		393.92		132.24
DURABLE MED. EQUIP.	77	455	۲	33,407.16	Υ	73.42	.190	٧	433.86	۲	13.93
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	95	2,756		14,712.81		5.34	1.149		154.87		6.14
AMBULANCES/AIR TRANS	33	372		5,115.10		13.75	.155		155.00		2.13
OTHER TRANS	39	2,087		7,195.75		3.45	.870		184.51		3.00
OTHER SERVICES	26	297		2,401.96		8.09	.124		92.38		1.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
	-	•		700							

ADULT DAY HEALTH CARE CTR	11	215		14,970.14	69.63	.090	1360.92	6.24
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	60	143		1,523.12	10.65	.060	25.39	.64
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	14	25		480.16	19.21	.010	34.30	.20
PROSTHETIST/ORTHOTISTS	11	58		5,444.66	93.87	.024	494.97	2.27
PROSTHETICS	8	54		5,366.27	99.38	.023	670.78	2.24
ORTHOTICS	3	4		78.39	19.60	.002	26.13	.03
PSYCHOLOGIST	26	50		1,110.59	22.21	.021	42.72	.46
SPEECH AND AUDIOLOGY	82	307		11,570.07	37.69	.128	141.10	4.82
HOSPICE SERVICES	44	1,332		131,736.12	98.90	.555	2994.00	54.94
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	42	5,193		15,021.73	2.89	2.166	357.66	6.26
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	450	470,426		87,126.89	.19	196.174	193.62	36.33
@CALIF. CHILDREN SERVICES*	33	387	\$	29,418.22	\$ 76.02	.161	\$ 891.46	\$ 12.27
@XOVER EXCLUDING STATE HOSP**	818	48,187	\$	228,547.77	\$ 4.74	20.095	\$ 279.40	\$ 95.31
A* MOMATO TAL MURCE TIMES ADE CIVI	מתוכת כבים אים אים	TATECDMANUTON	TOTAL	ONIT V.				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDO	1112 1111110111111111111111111111111	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 17,745
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	€		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0			.00		.00	.000		.00		.00
OFFICE VISITS	0	0			.00		.00	.000		.00		.00
HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	Ō	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$		\$.00
PRESCRIPTION DRUGS	0	0			.00		.00	.000		.00		.00
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	0	0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$		\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUE	RES	MONTH-OF-PA							P	AGE 17,746
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR MN - LO	ONG	TERM CARE -	- FAMILI	ES DI	SCONTINUE)				
								M	ONTHL	Y AVERA	GE ·	
00 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENI	DITURES	AVERA	GE COST UN	NITS/DAY	s co	ST PER	(COST PER
		OR DAYS OF CARE				PER U	NIT/DAY E	PER ELIG		USER]	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0			.00		.00	.000		.00		.00

		•		0.0	0.0	0.00	0.0	0.0
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	•	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
OTHER	0		۵					
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
	0	0			.00	.000	.00	.00
TRANSITIONAL IP CARE	-	0		.00				
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	Ü	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	Û	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
	0		Ċ					
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00			\$.00
CO HOSPITAL INPATIENT TOTAL	U	0		.00	.00	.000	.00	.00
HSC HOSPITALS	O	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000		
MEDICAL	0	0					.00	.00
SURGERY	U	U		.00	.00	.000	.00	.00
PATHOLOGY	Ü	Ü		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-	OF-PAYMENT RE	PORT FOR JAN	2004 THRU D	EC 2004	PAGE 17,747
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	MN - LOI	NG TERM C	CARE - FAMILIE	S DISCONTIN	NUED		
								~=

		OR DAYS OF CARE			PF.	R UNIT/DAY	PER ELIG		USER	Ţ	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATS OF CARE	\$.00		.00	.000		.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	т	.00	-	.00	.000	т	.00	Τ.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
	0	0		.00					.00		.00
COMM HOSP OUTPATIENT TOTAL	0					.00	.000				.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	•	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	^	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00		.00	.000	_	.00	_	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0				.00					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT I	REPOR'	T FOR JAN 2	2004 THRU	DEC	2004	PA	AGE 17,748
	FEE-FOR-SERVICE										03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR MN - LC	NG TE	RM CARE - FAMIL	IES						
							M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							
		OR DAYS OF CARE				R UNIT/DAY					
@ALL OTHER PROVIDERS	0	0	\$.00			.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@*}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,749
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

VENTORA COUNTI	DOMMANT OF DEIN	VICED FOR THE	110 11	INI CAND TOTAL					
						MOI	NTHLY AVERA	GΕ	
14,909 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	15 , 632	1,340,600	\$	51,592,048.15	\$ 38.48	89.919	\$ 3300.41	\$	3460.46
@PHYSICIANS SERVICES	1,673	5,014	\$	116,494.93	\$ 23.23	.336	\$ 69.63	\$	7.81
OUTPATIENT VISITS	56	78		3,909.91	50.13	.005	69.82		.26
OFFICE VISITS	39	58		2,360.03	40.69	.004	60.51		.16
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	17	18		1,496.36	83.13	.001	88.02		.10
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	2	2		53.52	26.76	.000	26.76		.00
INPATIENT VISITS	157	922		38,565.08	41.83	.062	245.64		2.59
HOSPITAL VISITS	52	504		21,188.73	42.04	.034	407.48		1.42
CRITICAL CARE	9	45		6,383.70	141.86	.003	709.30		.43
SNF/ICF/TRANS IP CARE	122	373		10,992.65	29.47	.025	90.10		.74
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	15	75		13,911.26	185.48	.005	927.42		.93
PRINCIPAL SURGEON	12	26		12,353.17	475.12	.002	1029.43		.83
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	5	49		1,558.09	31.80	.003	311.62		.10

OUTPATIENT SURGERY	20	106		4,543.99)	42.87	.007		227.20		.30
PRINCIPAL SURGEON	9	12		2,242.57	7	186.88	.001		249.17		.15
ASSISTANT SURGEON	0	0		.00)	.00	.000		.00		.00
ANESTHESIOLOGIST	12	94		2,301.42	2	24.48	.006		191.79		.15
DIALYSIS	0	0		.00)	.00	.000		.00		.00
PATHOLOGY	36	440		894.92)	2.03	.030		24.86		.06
RADIOLOGY	36	134		3,589.11	_	26.78	.009		99.70		.24
PSYCHIATRY	0	0		.00)	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		17.81	-	8.91	.000		8.91		.00
OTHER SERVICES/ALL X-OVERS	1,484	3 , 257		51,062.85	·	15.68	.218		34.41		3.42
@PHARMACY	11,151	207,205 \$	5,2	223 , 189.39	\$	25.21	13.898	\$	468.41	\$	350.34
PRESCRIPTION DRUGS	11,083	92,341	5,3	179,273.46	5	56.09	6.194		467.32		347.39
SNF/ICF	10,765	89,442	5,3	118,535.65	5	57.23	5.999		475.48		343.32
OUTPATIENTS	436	2,899		60,737.81	=	20.95	.194		139.31		4.07
MEDICAL SUPPLIES	366	114,864		43,915.93	}	.38	7.704		119.99		2.95
@DENTIST	1,214	4,367 \$	3	158 , 131.85	\$	36.21	.293	\$	130.26	\$	10.61
VISITS - DIAGNOSTIC	1,082	3,470		51,266.75)	14.77	.233		47.38		3.44
ORAL SURGERY	77	248		11,508.00)	46.40	.017		149.45		.77
DRUGS	1	4		60.00)	15.00	.000		60.00		.00
ANESTHESIA	0	0		.00)	.00	.000		.00		.00
PERIODONTICS	153	154		25,298.00		164.27	.010		165.35		1.70
ENDODONTICS	2	2		215.00)	107.50	.000		107.50		.01
RESTORATIVE DENTISTRY	48	155		10,893.00)	70.28	.010		226.94		.73
PROSTHETICS	3	4		730.00		182.50	.000		243.33		.05
DENTURES, STAYPLATES	150	326		58,021.00)	177.98	.022		386.81		3.89
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		140.10)	140.10	.000		140.10		.01
FRACTURES, DISLOCATIONS	0	0		.00)	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00)	.00	.000		.00		.00
ALL OTHER SERVICES	8	3		.00)	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-O	F-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 17,750
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

VENTURA COUNTY	SUMMARY OF SERV	/ICES FOR MN - LONG	F TER	M CARE - TOTAL			1.47		א משענא אנווי	CE.	
14,909 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ 7.71	ERAGE COST	MO			.GĽ	COST PER
14,909 ELIGIBLES	CALCO	OR DAYS OF CARE		EVERNDIIOVES		R UNIT/DAY)	USER		ELIGIBLE
@OPTOMETRIST	392	1,072 \$	3	22,142.81	\$	20.66	.072	ς	56.49	Ġ	1.49
DIAGNOSTIC AND ANC. PROCED	73	73	7	3,314.46	۲	45.40	.005	٧	45.40	Y	.22
EYE APPLIANCES	337	973		18,442.45		18.95	.065		54.73		1.24
OTHER OPTOMETRIC SERVICES	14	26		385.90		14.84	.002		27.56		.03
@CHIROPRACTOR	0	0 \$	3	.00	\$.00	.000	Ġ	.00	Ġ	.00
VISITS	0	0	7	.00	۲	.00	.000	٧	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1,532	2,454	2		\$	4.96	.165	Ċ	7.95	Ċ	.82
MEDICINE/INJECTIONS	1,332	2,434	,	24.00	Ÿ	24.00	.000	۲	24.00	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1,531	2,453		12,150.45		4.95	.165		7.94		.81
@HOME HEALTH AGENCY	3	12	3		\$	71.12	.001	ς	284.46	S	.06
NURSE ANESTHESIST	0	0 \$	2	.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0 \$	2	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	0 \$	2		\$.00		\$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	2	.00	\$.00		\$.00		.00
@TOTAL HOSPITAL	539	1,962	?			185.83	.132		676.45		24.46
HOSP INPATIENT TOTAL	139	255	?	328,817.28	۲	1289.48	.132	۲	2365.59	۲	22.05
HSC HOSPITALS	22	162		143,300.76		884.57	.017		6513.67		9.61
NON-HSC HOSPITAL TOTAL	4	93		34,970.48		376.03	.006		8742.62		2.35
	4	93		21,508.22		231.27	.006		5377.06		1.44
ACCOMMODATIONS	2	92		21,279.60		231.27	.006		10639.80		1.43
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	2	1		228.62		228.62	.000		114.31		.02
ANCILLARIES	Δ	0		13,462.26		.00	.000		3365.57		.90
	114	0		150,546.04		.00	.000		1320.58		10.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	416	1,707		35,789.06		20.97	.114		86.03		
HOSP OUTPATIENT TOTAL MEDICAL	410	1,707 66				40.15	.004		64.63		2.40 .18
	10	10		2,649.65							
SURGERY	25	117		360.26		36.03	.001		36.03		.02
PATHOLOGY	25 25			846.52		7.24 77.24	.008		33.86		.06
RADIOLOGY	50	41 79		3,166.80			.003		126.67		.21
ROOM USE				3,505.62		44.37	.005		70.11		.24
CROSSOVERS/ALL OTH OUTPINT		1,394		25,260.21	Ċ	18.12	.094	Ċ	70.76	<u>_</u>	1.69
@COUNTY HOSPITAL TOTAL	143	543	?	60,219.02	\$.036	Þ	421.11	Þ	4.04
CO HOSPITAL INPATIENT TOTAL	6	108		51,274.68		474.77	.007		8545.78		3.44
HSC HOSPITALS	4	16		17,600.00		1100.00	.001		4400.00		1.18
NON-HSC HOSPITALS TOTAL	2 2	92		32,798.68		356.51	.006		16399.34		2.20
ACCOMMODATIONS		92		21,279.60		231.30	.006		10639.80		1.43
ADMINISTRATIVE DAYS	2	92		21,279.60		231.30	.006		10639.80		1.43
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	2	0		11,519.08		.00	.000		5759.54		.77
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	139	435		8,944.34		20.56	.029		64.35		.60
MEDICAL	26	42		1,570.99		37.40	.003		60.42		.11
SURGERY	1	1		47.09		47.09	.000		47.09		.00
PATHOLOGY	5	7		137.15		19.59	.000		27.43		.01
RADIOLOGY	7	8		708.21		88.53	.001		101.17		.05
ROOM USE	35	59		2,937.92		49.80	.004		83.94		.20

CROSSOVERS/ALL OTH OUTPTNT 103 318 3,542.98 11.14 .021 34.40 .24 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,751

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
VENTURA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

VENTURA COUNTI	SUMMARI OF SERVIC		ONG	IERM CARE - IOIAL			_				
14 000			_						HLY AVERA		
14,909 ELIGIBLES	USERS (UNITS OF SERVIC		EXPENDITURES			UNITS/DAY		COST PER		COST PER
0.000	4.0.1	OR DAYS OF CAR					PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	401	1,419	\$	304,387.32	\$.095	Ş	759.07	Ş	20.42
COMM HOSP INPATIENT TOTAL	133	147		277,542.60		1888.04	.010		2086.79		18.62
HSC HOSPITALS	18	146		125,700.76		860.96	.010		6983.38		8.43
NON-HSC HOSPITALS TOTAL	2	1		2,171.80		2171.80	.000		1085.90		.15
ACCOMMODATIONS	2	1		228.62		228.62	.000		114.31		.02
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	1		228.62		228.62	.000		114.31		.02
ANCILLARIES	2	0		1,943.18		.00	.000		971.59		.13
INPATIENT CROSSOVERS	113	0		149,670.04		.00	.000		1324.51		10.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	282	1,272		26,844.72		21.10	.085		95.19		1.80
MEDICAL	15	24		1,078.66		44.94	.002		71.91		.07
SURGERY	9	9		313.17		34.80	.001		34.80		.02
PATHOLOGY	20	110		709.37		6.45	.007		35.47		.05
RADIOLOGY	18	33		2,458.59		74.50	.002		136.59		.16
ROOM USE	15	20		567.70		28.39	.001		37.85		.04
CROSSOVERS/ALL OTH OUTPTNT		1,076		21,717.23		20.18	.072		84.50		1.46
@STATE HOSPITAL	0	1,070	\$	629.60	\$.00	.000	\$.00	Ċ	.04
MENTALLY ILL	0	0	۲	.00	۲	.00	.000	۲	.00	۲	.00
DEVELOP. DISABLED	0	0		629.60		.00	.000		.00		.04
	11,465		\$		Ċ	113.19	23.414	\$		\$	2650.17
@NURSING FACILITY	11,400	349,082	Ş	39,511,337.26	\$			Þ		Þ	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		1,326		504,157.09		380.21	.089		10959.94		33.82
LEV B-SUBACUTE HSPTL BASED	141	6,906		3,571,125.56		517.10	.463		25327.13		239.53
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	11,314	340,850		35,436,054.61		103.96	22.862		3132.05		2376.82
@INTERMEDIATE CARE FACILDD	909	27 , 764	\$	4,262,687.56	\$	153.53		\$	4689.43	\$	285.91
ICF DDH	845	25 , 651		3,861,707.81		150.55	1.721		4570.07		259.02
ICF DD	6	184		21,997.99		119.55	.012		3666.33		1.48
ICF DDN/DDCN	58	1,929		378,981.76		196.47	.129		6534.17		25.42
@HEMODIALYSIS TOTAL	86	104	\$	60,737.66	\$	584.02	.007	\$	706.25	\$	4.07
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	86	104		60,737.66		584.02	.007		706.25		4.07
@REHABILITATION FACILITY	15	105	\$	1,974.13	\$	18.80	.007	\$	131.61	\$.13
HOSPITAL BASED	2	20		413.92		20.70	.001		206.96		.03
INDEPENDENT FACILITY	13	85		1,560.21		18.36	.006		120.02		.10
@LABORATORY FACILITY	146	679	\$	6,243.68	\$	9.20	.046	\$	42.76	\$.42
PATHOLOGY	144	676		6,184.30		9.15	.045		42.95		.41
XO AND OTHERS	2	3		59.38		19.79	.000		29.69		.00
@ORGANIZED OUTPATIENT CLINIC	69	97	\$	4,340.92	\$	44.75	.007	\$	62.91	Ś	.29
CLINIC	11	15		269.87		17.99	.001		24.53		.02
SURGICENTER		15		1,257.57		83.84	.001		209.60		.08
HEROIN DETOX CLINIC	Õ	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	52	67		2,813.48		41.99	.004		54.11		.19
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT H	REPORT			DEC		D	AGE 17,752
MOP024	FEE-FOR-SERVICE/I		-\110	IONIII OI IMINIMI I	01/1	1 OIL OAN	2001 1111(0	التار	, 2001		03/14/05
VENTURA COUNTY			ONC	TERM CARE - TOTAL							03/14/03
VENTORA COUNTI	DOLINAKI OF SEKATO	T - NIM TOTA CIT.	DMA	TERM CARE - TOTAL							

14,909 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2 , 807	740 , 683	\$	1,846,504.18	\$ 2.49	49.680	\$ 657.82	\$ 123.85
DURABLE MED. EQUIP.	255	2,154		131,662.25	61.12	.144	516.32	8.83
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	13		940.15	72.32	.001	117.52	.06
MEDICAL TRANSPORTATION	514	27 , 875		95 , 184.26	3.41	1.870	185.18	6.38
AMBULANCES/AIR TRANS	44	458		6,503.82	14.20	.031	147.81	.44
OTHER TRANS	257	24,804		80,701.91	3.25	1.664	314.02	5.41
OTHER SERVICES	226	2,613		7,978.53	3.05	.175	35.30	.54
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	14	231		16,104.30	69.72	.015	1150.31	1.08
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	326	729		8,918.09	12.23	.049	27.36	.60
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	100	167		1,230.09	7.37	.011	12.30	.08
PROSTHETIST/ORTHOTISTS	21	96		7,744.95	80.68	.006	368.81	.52
PROSTHETICS	15	86		7,494.68	87.15	.006	499.65	.50
ORTHOTICS	6	10		250.27	25.03	.001	41.71	.02
PSYCHOLOGIST	89	270		4,235.04	15.69	.018	47.58	.28
SPEECH AND AUDIOLOGY	226	700		39,455.95	56.37	.047	174.58	2.65
HOSPICE SERVICES	408	12,935		1,359,302.84	105.09	.868	3331.62	91.17
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	42	5 , 193		15,021.73	2.89	.348	357.66	1.01
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,109	690 , 320		166,704.53	.24	46.302	150.32	11.18
@CALIF. CHILDREN SERVICES*	34	388	\$	29,475.37	\$ 75.97	.026	\$ 866.92	\$ 1.98
@XOVER EXCLUDING STATE HOSP**	4,969	178,005	\$		\$ 9.98	11.939	\$ 357.47	\$ 119.14

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,753
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

VENTORAL COONTI	DOLLINI OF DELL							
						MO	NTHLY AVERA	GE
50,934 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	42,012	1,394,710	\$	54,093,037.47	\$ 38.78	27.383	\$ 1287.56	\$ 1062.02
@PHYSICIANS SERVICES	7,171	31,091	\$	799,013.17	\$ 25.70	.610	\$ 111.42	\$ 15.69
OUTPATIENT VISITS	1,839	2 , 598		97,794.52	37.64	.051	53.18	1.92
OFFICE VISITS	1,677	2,351		79,607.48	33.86	.046	47.47	1.56
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	211	229		17,746.32	77.49	.004	84.11	.35
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	16	18		440.72	24.48	.000	27.55	.01
INPATIENT VISITS	278	1,620		73,599.50	45.43	.032	264.75	1.44
HOSPITAL VISITS	232	1,286		56,349.86	43.82	.025	242.89	1.11
CRITICAL CARE	32	86		9,904.70	115.17	.002	309.52	.19
SNF/ICF/TRANS IP CARE	47	248		7,344.94	29.62	.005	156.28	.14
OPHTHALMOLOGICAL SERVICES	335	475		19,746.52	41.57	.009	58.94	.39

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	333	470		19,565.24		.63 .009		58.75		.38
SERVICES AND MATERIALS	5	5		181.28		.26 .000)	36.26		.00
INPATIENT HOSPITAL SURGERY	136	1,170		53,633.63		.84 .023		394.36		1.05
PRINCIPAL SURGEON	95	119		38,163.82	320			401.72		.75
ASSISTANT SURGEON	10	9		2,148.53	238			214.85		.04
ANESTHESIOLOGIST	51	1,042		13,321.28	12			261.20		.26
OUTPATIENT SURGERY	287	784		88,020.32	112			306.69		1.73
PRINCIPAL SURGEON	229	290		76,628.22	264			334.62		1.50
ASSISTANT SURGEON	0	0		.00		.00 .000		.00		.00
ANESTHESIOLOGIST	76	494		11,392.10		.06 .010		149.90		.22
DIALYSIS	56	194		12,733.60		.64 .004		227.39		.25
PATHOLOGY	472	3 , 597		20,268.99		.63 .071		42.94		.40
RADIOLOGY	807	2,024		142,028.25		.17 .040		176.00		2.79
PSYCHIATRY	0	0		.00		.00		.00		.00
IMMUNIZATION AND INJECTION		485		20,935.47		.17 .010		230.06		.41
OTHER SERVICES/ALL X-OVERS	4,848	18,144		270,252.37		.89 .356		55.75		5.31
@PHARMACY	31,784	442,512	\$	10,785,322.62		.37 8.688			\$	211.75
PRESCRIPTION DRUGS	31,243	160 , 550		10,578,817.24		.89 3.152		338.60		207.70
SNF/ICF	9,595	80,011		4,360,639.87		.50 1.571		454.47		85.61
OUTPATIENTS	21,775	80 , 539		6,218,177.37		.21 1.581		285.56		122.08
MEDICAL SUPPLIES	2,182	281,962		206,505.38		.73 5.536		94.64		4.05
@DENTIST	2,676	11,235	\$	442,246.70		.36 .221			Ş	8.68
VISITS - DIAGNOSTIC	1,999	7,633		95,676.60		.53 .150		47.86		1.88
ORAL SURGERY	340	1,041		51,862.75		.82 .020		152.54		1.02
DRUGS	0	0		.00		.00 .000		.00		.00
ANESTHESIA	4	4		400.00	100			100.00		.01
PERIODONTICS	271	272		36,191.00	133			133.55		.71
ENDODONTICS	77	115		24,879.25	216			323.11		.49
RESTORATIVE DENTISTRY	332	908		60,810.10	66			183.16		1.19
PROSTHETICS	28	31		1,058.50	34			37.80		.02
DENTURES, STAYPLATES	446	1,194		171,368.50	143			384.23		3.36
SPACE MAINTAINERS	0	0		.00		.00 .000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00 .000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00 .000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00 .000		.00		.00
ALL OTHER SERVICES	41	37		.00		.00 .001		.00	_	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC		RES I	MONTH-OF-PAYMENT RE	EPORT FOR	JAN 2004 THRU) DE	C 2004	Ρ.	AGE 17,754 03/14/05
		'	T T 37	NEEDY ACED						03/14/05
VENTURA COUNTY	SUMMARY OF SERV	VICES FOR MEDICA	. У. Т.	NEEDY - AGED			MON	THLY AVERA	CE.	
50,934 ELIGIBLES	USERS	UNITS OF SERVIC	E.	EXPENDITURES	ATTED A CE	COST UNITS/DA			-	COST PER
JU, 934 ELIGIBLES	OSERS	OR DAYS OF CAR		EXPENDITORES		COSI UNITS/DA [/DAY PER EL]		USER		ELIGIBLE
@OPTOMETRIST	1,217	3,432	.E. \$	70,505.66			1.G 7.\$			1.38
DIAGNOSTIC AND ANC. PROCED	365	3,432	Ą	15,850.26		.93 .008		43.43	Ą	.31
EYE APPLIANCES	1,006	2 , 863		50,649.60		.69 .056		50.35		.99
OTHER OPTOMETRIC SERVICES	94	172		•		.29 .003		42.61		.08
@CHIROPRACTOR	13	28	\$	4,005.80 336.88) L \$		ċ	.00
VISITS	8	13	Ą	200.64		.43 .000		25.08	۲	.00
OTHER SERVICES	8 5	15		136.24		.08 .000		27.25		.00
@PODIATRIST	1,719	2,827	\$	19,112.70			5 \$		Ś	.38
MEDICINE/INJECTIONS	1, 719	84	Y	2,945.60		.07 .002		43.32	Y	.06
SURGERY/ANES.	9	10		717.30		.73 .000		79.70		.01
RADIO./PATHOLOGY	7	10		173.00		.30 .000		24.71		.00
	1 648	2 723		15 276 80		.50 .000		9 27		30

2,723

182 \$

1,648

48

OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

15,276.80

12,446.28 \$

.00 \$

.053

9.27

.004 \$ 259.30 \$

.000 \$.00 \$

.30

.24

.00

5.61

68.39

.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4,671	19,376	\$ 1,857,933.74	\$ 95.89	.380	\$ 397.76	\$ 36.48
HOSP INPATIENT TOTAL	451	1,148	1,374,737.99	1197.51	.023	3048.20	26.99
HSC HOSPITALS	205	1,130	1,081,694.96	957.25	.022	5276.56	21.24
NON-HSC HOSPITAL TOTAL	5	18	27,482.33	1526.80	.000	5496.47	.54
ACCOMMODATIONS	5	18	3,582.68	199.04	.000	716.54	.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	18	3,582.68	199.04	.000	716.54	.07
ANCILLARIES	5	0	23,899.65	.00	.000	4779.93	.47
INPATIENT CROSSOVERS	243	0	265,560.70	.00	.000	1092.84	5.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,327	18,228	483,195.75	26.51	.358	111.67	9.49
MEDICAL	1,558	2,630	95 , 589.26	36.35	.052	61.35	1.88
SURGERY	167	170	18,681.70	109.89	.003	111.87	.37
PATHOLOGY	739	3,144	31,194.54	9.92	.062	42.21	.61
RADIOLOGY	530	798	61,825.63	77.48	.016	116.65	1.21
ROOM USE	1,554	2,334	87,539.05	37.51	.046	56.33	1.72
CROSSOVERS/ALL OTH OUTPTNT	2,626	9,152	188,365.57	20.58	.180	71.73	3.70
@COUNTY HOSPITAL TOTAL	2,583	8,904	\$ 535,175.83	\$ 60.11	.175	\$ 207.19	\$ 10.51
CO HOSPITAL INPATIENT TOTAL	73	283	309,899.91	1095.05	.006	4245.20	6.08
HSC HOSPITALS	65	278	297,462.69	1070.01	.005	4576.35	5.84
NON-HSC HOSPITALS TOTAL	2	5	3,327.92	665.58	.000	1663.96	.07
ACCOMMODATIONS	2	5	1,156.50	231.30	.000	578.25	.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	1,156.50	231.30	.000	578.25	.02
ANCILLARIES	2	0	2,171.42	.00	.000	1085.71	.04
INPATIENT CROSSOVERS	8	0	9,109.30	.00	.000	1138.66	.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	2,548	8,621	225,275.92	26.13	.169	88.41	4.42
MEDICAL	1,135	1,749	60,347.65	34.50	.034	53.17	1.18
SURGERY	46	41	10,730.76	261.73	.001	233.28	.21
PATHOLOGY	377	1,050	10,381.55	9.89	.021	27.54	.20
RADIOLOGY	267	333	21,641.38	64.99	.007	81.05	.42
ROOM USE	1,119	1,551	57,725.87	37.22	.030	51.59	1.13
CROSSOVERS/ALL OTH OUTPTNT	1,295	3 , 897	64,448.71	16.54	.077	49.77	1.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN	2004 THRU DE	C 2004	PAGE 17,755
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - AGED				
					1401	miit v atimba	·

VENTOIRI 000NII						MONTHLY AVERAGE							
50,934 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST			COST PER		COST PER		
00,301 221012220	0021.0	OR DAYS OF CAR				R UNIT/DAY		_	USER		ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	2,262	10,472	\$	1,322,757.91	\$	126.31	.206	Ś			25.97		
COMM HOSP INPATIENT TOTAL	379	865		1,064,838.08		1231.03	.017		2809.60		20.91		
HSC HOSPITALS	141	852		784,232.27		920.46	.017		5561.93		15.40		
NON-HSC HOSPITALS TOTAL	3	13		24,154.41		1858.03	.000		8051.47		.47		
ACCOMMODATIONS	3	13		2,426.18		186.63	.000		808.73		.05		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00		
ALL OTHER ACCOM	3	13		2,426.18		186.63	.000		808.73		.05		
ANCILLARIES	3	0		21,728.23		.00	.000		7242.74		.43		
INPATIENT CROSSOVERS	235	0		256,451.40		.00	.000		1091.28		5.03		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00		
COMM HOSP OUTPATIENT TOTAL	1,934	9,607		257,919.83		26.85	.189		133.36		5.06		
MEDICAL	483	881		35,241.61		40.00	.017		72.96		.69		
SURGERY	121	129		7,950.94		61.64	.003		65.71		.16		
PATHOLOGY	383	2,094		20,812.99		9.94	.041		54.34		.41		
RADIOLOGY	273	465		40,184.25		86.42	.009		147.20		.79		
ROOM USE	489	783		29,813.18		38.08	.015		60.97		.59		
CROSSOVERS/ALL OTH OUTPINT	1,375	5 , 255		123,916.86		23.58	.103		90.12		2.43		
@STATE HOSPITAL	1,373	245	\$	164,485.07	\$	671.37	.005	Ċ	23497.87	Ċ	3.23		
MENTALLY ILL	0	243	Ÿ	.00	Ÿ	.00	.000	٧	.00	Y	.00		
DEVELOP. DISABLED	7	245		164,485.07		671.37	.005		23497.87		3.23		
@NURSING FACILITY	10,868	323,781	\$	35,497,178.72	\$	109.63		Ċ	3266.21	Ċ	696.93		
LEV A-INTERMEDIATE	10,000	0	Ÿ	.00	Ÿ	.00	.000	٧	.00	Y	.00		
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00		
LEV B-SUBACUTE FREESTANDING	40	1,179		449,301.69		381.09	.023		11232.54		8.82		
LEV B-SUBACUTE HSPTL BASED	51	2,513		1,278,948.36		508.93	.049		25077.42		25.11		
LEV B SOBACOTE HISTEL BASED LEV B-TRANSITIONAL IP CARE	0	2,313		.00		.00	.000		.00		.00		
LEV B-REGULAR	10,796	320,089		33,768,928.67		105.50	6.284		3127.91		662.99		
@INTERMEDIATE CARE FACILDD	47	1,417	\$		Ċ	165.16		Ċ	4979.42	Ċ	4.59		
ICF DDH	36	1,088	Ÿ	166,449.67	Ÿ	152.99	.020	٧	4623.60	Y	3.27		
ICF DD	0	1,000		.00		.00	.000		.00		.00		
ICF DDM/DDCN	11	329		67,583.26		205.42	.006		6143.93		1.33		
@HEMODIALYSIS TOTAL	351	4,058	\$	324,596.42	\$	79.99	.080	Ċ		Ċ	6.37		
HOSPITAL BASED	0	4,038	Ą	.00	Ų	.00	.000	۲	.00	۲	.00		
HEMODIALYSIS CENTER	351	4,058		324,596.42		79.99	.080		924.78		6.37		
@REHABILITATION FACILITY	24	129	\$	3,106.18	\$	24.08	.003	Ċ		Ċ	.06		
HOSPITAL BASED	24	129	Ą	3,106.18	Ų	24.08	.003	۲	129.42	۲	.06		
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00		
@LABORATORY FACILITY	1,342	7,064	\$	65,810.09	\$	9.32	.139	Ċ	49.04	Ċ	1.29		
PATHOLOGY	1,322	7,004	Ÿ	65,451.59	Ÿ	9.34	.138	٧	49.51	Y	1.29		
XO AND OTHERS	20	53		358.50		6.76	.001		17.93		.01		
@ORGANIZED OUTPATIENT CLINIC	1,183	2,039	\$	160,958.41	\$	78.94		\$		\$	3.16		
CLINIC CLINIC	269	2,039 361	ų	13,733.66	Y	38.04	.040	٧	51.05	ٻ	.27		
CTITIATO	209	201		13,733.00		30.04	.007		21.03		• ∠ /		

SURGICENTER 99 190 14,344.13 75.50 .004 144.89 .28
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 846 1,488 132,880.62 89.30 .029 157.07 2.61
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,756
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

ST PER IGIBLE
IGIBLE
71.78
2.62
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.16
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.07
2.17
25.58
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.00
.00
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3.40
.00
52.18

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

VENTURA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,757
MOP024 FEE-FOR-SERVICE/DENTAL
VENTURA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----104 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER @TOTAL, ALL PROVIDERS 117 30 @PHYSICIANS SERVICES 13 OUTPATIENT VISITS 11 OFFICE VISITS HOME VISITS 3 EMERGENCY ROOM
PREVENTIVE CARE EMERGENCY ROOM OB VISITS/COMPRE PERI 0

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT OUTPATIENT OTHER OUTPATIENT OUTP
HOSPITAL VISITS 6 21 1,017.73 48.46 .202 169.62 9.79 CRITICAL CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 SNF/ICE/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 1 2 92.88 46.44 .019 92.88 .89 EXAMINATIONS 1 2 92.88 46.44 .019 92.88 .89 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 3 37 917.04 24.78 .356 305.68 8.82 PRINCIPAL SURGEON 1 3 170.88 56.96 .029 170.88 1.64 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 3 34 746.16 21.95 .327 248.72 7.17 OUTPATIENT SURGERY 4 12 1,909.28 159.11 .115 477.32 18.36 PRINCIPAL SURGEON 3 6 1,629.01 271.50 .058 543.00 15.66 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 6 280.27 46.71 .058 280.27 2.69 DIALYSIS 10 50 2,995.16 59.90 .481 299.52 28.80
CRITICAL CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
SNF/ICF/TRANS IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
OPHTHALMOLOGICAL SERVICES 1 2 92.88 46.44 .019 92.88 .89 EXAMINATIONS 1 2 92.88 46.44 .019 92.88 .89 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 3 37 917.04 24.78 .356 305.68 8.82 PRINCIPAL SURGEON 1 3 170.88 56.96 .029 170.88 1.64 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 3 34 746.16 21.95 .327 248.72 7.17 OUTPATIENT SURGERY 4 12 1,909.28 159.11 .115 477.32 18.36 PRINCIPAL SURGEON 3 6 1,629.01 271.50 .058 543.00 15.66 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 ANESTHESIOLOGIST 1 6 280.27 46.71 .058 280.27 2.69 DIALYSIS 10 50 2,995.16 59.90 .481 299.52 28.80
EXAMINATIONS 1 2 92.88 46.44 .019 92.88 .89 SERVICES AND MATERIALS 0 0 .00
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 3 37 917.04 24.78 .356 305.68 8.82 PRINCIPAL SURGEON 1 3 170.88 56.96 .029 170.88 1.64 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 3 34 746.16 21.95 .327 248.72 7.17 OUTPATIENT SURGERY 4 12 1,909.28 159.11 .115 477.32 18.36 PRINCIPAL SURGEON 3 6 1,629.01 271.50 .058 543.00 15.66 ASSISTANT SURGEON 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 6 280.27 46.71 .058 280.27 2.69 DIALYSIS 10 50 2,995.16 59.90 .481 299.52 28.
SERVICES AND MATERIALS 0 0 .00 </td
INPATIENT HOSPITAL SURGERY 3 37 917.04 24.78 .356 305.68 8.82 PRINCIPAL SURGEON 1 3 170.88 56.96 .029 170.88 1.64 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 3 34 746.16 21.95 .327 248.72 7.17 OUTPATIENT SURGERY 4 12 1,909.28 159.11 .115 477.32 18.36 PRINCIPAL SURGEON 3 6 1,629.01 271.50 .058 543.00 15.66 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 6 280.27 46.71 .058 280.27 2.69 DIALYSIS 10 50 2,995.16 59.90 .481 299.52 28.80
PRINCIPAL SURGEON 1 3 170.88 56.96 .029 170.88 1.64 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 3 34 746.16 21.95 .327 248.72 7.17 OUTPATIENT SURGERY 4 12 1,909.28 159.11 .115 477.32 18.36 PRINCIPAL SURGEON 3 6 1,629.01 271.50 .058 543.00 15.66 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 6 280.27 46.71 .058 280.27 2.69 DIALYSIS 10 50 2,995.16 59.90 .481 299.52 28.80
ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 3 34 746.16 21.95 .327 248.72 7.17 OUTPATIENT SURGERY 4 12 1,909.28 159.11 .115 477.32 18.36 PRINCIPAL SURGEON 3 6 1,629.01 271.50 .058 543.00 15.66 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 6 280.27 46.71 .058 280.27 2.69 DIALYSIS 10 50 2,995.16 59.90 .481 299.52 28.80
ANESTHESIOLOGIST 3 34 746.16 21.95 .327 248.72 7.17 OUTPATIENT SURGERY 4 12 1,909.28 159.11 .115 477.32 18.36 PRINCIPAL SURGEON 3 6 1,629.01 271.50 .058 543.00 15.66 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 6 280.27 46.71 .058 280.27 2.69 DIALYSIS 10 50 2,995.16 59.90 .481 299.52 28.80
OUTPATIENT SURGERY 4 12 1,909.28 159.11 .115 477.32 18.36 PRINCIPAL SURGEON 3 6 1,629.01 271.50 .058 543.00 15.66 ASSISTANT SURGEON 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 6 280.27 46.71 .058 280.27 2.69 DIALYSIS 10 50 2,995.16 59.90 .481 299.52 28.80
PRINCIPAL SURGEON 3 6 1,629.01 271.50 .058 543.00 15.66 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 6 280.27 46.71 .058 280.27 2.69 DIALYSIS 10 50 2,995.16 59.90 .481 299.52 28.80
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 6 280.27 46.71 .058 280.27 2.69 DIALYSIS 10 50 2,995.16 59.90 .481 299.52 28.80
ANESTHESIOLOGIST 1 6 280.27 46.71 .058 280.27 2.69 DIALYSIS 10 50 2,995.16 59.90 .481 299.52 28.80
DIALYSIS 10 50 2,995.16 59.90 .481 299.52 28.80
, , , , , , , , , , , , , , , , , , ,
OTHER SERVICES/ALL X-OVERS 13 14 552.78 39.48 .135 42.52 5.32
QPHARMACY 89 1,228 \$ 39,188.15 \$ 31.91 11.808 \$ 440.32 \$ 376.81
PRESCRIPTION DRUGS 86 530 38,495.74 72.63 5.096 447.62 370.15
SNF/ICF 27 220 10,146.52 46.12 2.115 375.80 97.56
OUTPATIENTS 59 310 28,349.22 91.45 2.981 480.50 272.59
MEDICAL SUPPLIES 11 698 692.41 .99 6.712 62.95 6.66
QDENTIST 4 5 \$ 135.00 \$ 27.00 .048 \$ 33.75 \$ 1.30
VISITS - DIAGNOSTIC 4 5 135.00 27.00 .048 33.75 1.30
ORAL SURGERY 0 0 .00 .00 .00 .00 .00
DRUGS 0 0 .00 .00 .00 .00 .00
ANESTHESIA 0 0 .00 .00 .00 .00 .00
PERIODONTICS 0 0 .00 .00 .00 .00 .00
ENDODONTICS 0 0 .00 .00 .00 .00 .00
RESTORATIVE DENTISTRY 0 0 0 .00 .00 .00 .00 .00 .00
PROSTHETICS 0 0 .00 .00 .00 .00 .00
DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 .00
SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 .00
MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,758
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND
MONTHLY AVERAGE
104 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE
@OPTOMETRIST 3 10 \$ 329.07 \$ 32.91 .096 \$ 109.69 \$ 3.16
DIAGNOSTIC AND ANC. PROCED 1 1 75.11 75.11 .010 75.11 .72

USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
	OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER]	ELIGIBLE
3	10	\$	329.07	\$	32.91	.096	\$	109.69	\$	3.16
1	1		75.11		75.11	.010		75.11		.72
3	7		205.97		29.42	.067		68.66		1.98
1	2		47.99		24.00	.019		47.99		.46
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
5	10	\$	166.11	\$	16.61	.096	\$	33.22	\$	1.60
	USERS 3 1 3 1 0 0 5	OR DAYS OF CARE	OR DAYS OF CARE	OR DAYS OF CARE 3 10 \$ 329.07 1 1 1 75.11 3 7 205.97 1 2 47.99 0 0 \$.00 0 0 0 .00 0 0 0 .00	OR DAYS OF CARE 3 10 \$ 329.07 \$ 1 1 75.11 3 7 205.97 1 2 47.99 0 0 \$.00 \$ 0 0 0 .00	OR DAYS OF CARE 3 10 \$ 329.07 \$ 32.91 1 1 75.11 75.11 3 7 205.97 29.42 1 2 47.99 24.00 0 0 \$.00 \$.00 0 0 0 .00 .00	OR DAYS OF CARE 3 10 \$ 329.07 \$ 32.91 .096 1 1 75.11 75.11 .010 3 7 205.97 29.42 .067 1 2 47.99 24.00 .019 0 0 \$.00 \$.00 .000 0 0 0 .00 .00 .000	OR DAYS OF CARE 3 10 \$ 329.07 \$ 32.91 .096 \$ 1 1 75.11 75.11 .010 3 7 205.97 29.42 .067 1 2 47.99 24.00 .019 0 0 \$.00 \$.00 .000 \$ 0 0 0 .00 .000 .0	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 3 10 \$ 329.07 \$ 32.91 .096 \$ 109.69 1 1 75.11 75.11 .010 75.11 3 7 205.97 29.42 .067 68.66 1 2 47.99 24.00 .019 47.99 0 0 \$.00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00	OR DAYS OF CARE 3 10 \$ 329.07 \$ 32.91 .096 \$ 109.69 \$ 1 1 75.11 75.11 .010 75.11 3 77 205.97 29.42 .067 68.66 1 2 47.99 24.00 .019 47.99 0 0 \$.00 \$.00 .000 \$.00 \$ 0 0 0 0 .00 .00 .000 .0

MEDICINE/INJECTIONS	2	2	81.20	40.60	.019	40.60	.78
SURGERY/ANES.	1	1	32.02	32.02	.010	32.02	.31
RADIO./PATHOLOGY	1	2	34.60	17.30	.019	34.60	.33
OTHER	2	5	18.29	3.66	.048	9.15	.18
@HOME HEALTH AGENCY	1	7 \$	479.29	\$ 68.47	.067		\$ 4.61
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	21	102 \$	27,106.87	\$ 265.75	.981	\$ 1290.80	\$ 260.64
HOSP INPATIENT TOTAL	4	24	24,600.00	1025.00	.231	6150.00	236.54
HSC HOSPITALS	4	24	24,600.00	1025.00	.231	6150.00	236.54
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	18	78	2,506.87	32.14	.750	139.27	24.10
MEDICAL	6	7	233.08	33.30	.067	38.85	2.24
SURGERY	5	6	432.15	72.03	.058	86.43	4.16
PATHOLOGY	6	17	125.28	7.37	.163	20.88	1.20
RADIOLOGY	7	13	1,036.45	79.73	.125	148.06	9.97
ROOM USE	11	15	494.32	32.95	.144	44.94	4.75
CROSSOVERS/ALL OTH OUTPINT	9	20	185.59	9.28	.192	20.62	1.78
@COUNTY HOSPITAL TOTAL	7	17 \$	465.62	\$ 27.39	.163	\$ 66.52	\$ 4.48
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	17	465.62	27.39	.163	66.52	4.48
MEDICAL	5	6	191.44	31.91	.058	38.29	1.84
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	14.10	4.70	.029	4.70	.14
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	6	7	255.24	36.46	.067	42.54	2.45
CROSSOVERS/ALL OTH OUTPTNT		1	4.84	4.84	.010	4.84	.05
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DI	EC 2004	PAGE 17,759
MOP024	FEE-FOR-SERVICE/						03/14/05
VENTURA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	NEEDY - BLIND				
104 51 5655 56							GE
104 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	1.4	OR DAYS OF CARE	26 641 25	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	85 \$	26,641.25	\$ 313.43		\$ 1902.95	
COMM HOSP INPATIENT TOTAL	4 4	24 24	24,600.00 24,600.00	1025.00 1025.00	.231 .231	6150.00 6150.00	236.54 236.54
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	0	•		.231		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
VCCOLILIODY I TOMS	U	U	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	61	2,041.25	33.46	.587	185.57	19.63
MEDICAL	1	1	41.64	41.64	.010	41.64	.40
SURGERY	5	6	432.15	72.03	.058	86.43	4.16
PATHOLOGY	3	14	111.18	7.94	.135	37.06	1.07
RADIOLOGY	7	13	1,036.45	79.73	.125	148.06	9.97
ROOM USE	5	8	239.08	29.89	.077	47.82	2.30
CROSSOVERS/ALL OTH OUTPINT	8	19	180.75	9.51	.183	22.59	1.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	17	438	\$ 45,049.06	\$ 102.85	4.212	\$ 2649.94	\$ 433.16
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	17	438	45,049.06	102.85	4.212	2649.94	433.16
@INTERMEDIATE CARE FACILDD	12	369	\$ 54 , 932.87	\$ 148.87	3.548	\$ 4577.74	\$ 528.20
ICF DDH	12	369	54,932.87	148.87	3.548	4577.74	528.20
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	19	1,121	\$ 45 , 359.71	\$ 40.46	10.779	\$ 2387.35	\$ 436.15
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	19	1,121	45 , 359.71	40.46	10.779	2387.35	436.15
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00	
@LABORATORY FACILITY	6	13	\$	168.40	\$	12.95	.125	\$	28.07	\$	1.62	
PATHOLOGY	6	13		168.40		12.95	.125		28.07		1.62	
XO AND OTHERS	0	0		.00		.00	.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	11	17	\$	544.92	\$	32.05	.163	\$	49.54	\$	5.24	
CLINIC	1	1		144.28		144.28	.010		144.28		1.39	
SURGICENTER	1	1		28.94		28.94	.010		28.94		.28	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	9	15		371.70		24.78	.144		41.30		3.57	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITUR	RES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 17,760	
MOP024	FEE-FOR-SERVICE/DENT	TAL									03/14/05	
VENTURA COUNTY	SUMMARY OF SERVICES	FOR MEDICAL	LY N	EEDY - BLIND								
							M	ONT	HLY AVERA	GE		
104 ELIGIBLES	USERS UNIT	S OF SERVICE	1	EXPENDITURES			UNITS/DAY		COST PER		COST PER	
		DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG		USER	J	ELIGIBLE	
@ALL OTHER PROVIDERS	32	32 , 999	\$	17,161.10	\$.52	317.298	\$	536.28	\$	165.01	
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00	
BLOOD BANK	0	0		.00		.00	.000		.00		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00	
MEDICAL TRANSPORTATION	11	2,340		8,993.40		3.84	22.500		817.58		86.48	

104 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES	AVERAGE COST			COST PE	
		OR DAYS OF CAR		PER UNIT/DAY		USER	ELIGIBL	
@ALL OTHER PROVIDERS	32	32 , 999	\$ 17,161.10	\$.52	317.298			
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.0	
BLOOD BANK	0	0	.00	.00	.000	.00	.0	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.0	
MEDICAL TRANSPORTATION	11	2,340	8,993.40	3.84	22.500	817.58	86.4	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.0	
OTHER TRANS	11	2,340	8,993.40	3.84	22.500	817.58	86.4	. 8
OTHER SERVICES	0	0	.00	.00	.000	.00	.0	0 (
ACUPUNCTURE	0	0	.00	.00	.000	.00	.0	0 (
ADULT DAY HEALTH CARE CTR	5	23	1,621.22	70.49	.221	324.24	15.5	, 9
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.0	0 (
IHMC, MODEL-NF, NF, AIDS, MSSP	1	2	222.00	111.00	.019	222.00	2.1	. 3
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.0	10
OPTICIAN	2	6	68.72	11.45	.058	34.36	.6	6
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.0	10
PORTABLE X-RAY	1	1	.82	.82	.010	.82	.0	1
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.0	10
PROSTHETICS	0	0	.00	.00	.000	.00	.0	10
ORTHOTICS	0	0	.00	.00	.000	.00	.0	10
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.0	10
SPEECH AND AUDIOLOGY	3	17	452.12	26.60	.163	150.71	4.3	5
HOSPICE SERVICES	2	20	2,188.60	109.43	.192	1094.30	21.0	14
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.0	10
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.0	10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.0	10
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.0	10
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.0	10
ALL OTHER PROVIDERS	14	30,590	3,614.22	.12	294.135	258.16	34.7	5
@CALIF. CHILDREN SERVICES*	2	8	\$ 551.06	\$ 68.88	.077	\$ 275.53	\$ 5.3	0 (
@XOVER EXCLUDING STATE HOSP**	25	43	\$ 9,263.98	\$ 215.44	.413	\$ 370.56	\$ 89.0	18

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,761 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

							MO	NTHLY AVERA	AGE	
24,781 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	24,225	1,262,462	\$	31,089,699.64	\$	24.63	50.945	\$ 1283.37	\$	1254.58
@PHYSICIANS SERVICES	5,160	30,271	\$	934,138.37	\$	30.86	1.222	\$ 181.03	\$	37.70

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	1,273	1,850		78,907.89		42.65	.075		61.99		3.18
OFFICE VISITS	895	1,312		42,859.22		32.67	.053		47.89		1.73
HOME VISITS	14	17		725.27		42.66	.001		51.81		.03
EMERGENCY ROOM	369	457		33,579.81		73.48	.018		91.00		1.36
PREVENTIVE CARE	1	1		43.85		43.85	.000		43.85		.00
OB VISITS/COMPRE PERI	0	0				.00			.00		
				.00			.000				.00
OTHER OUTPATIENT	47	63		1,699.74		26.98	.003		36.16		.07
INPATIENT VISITS	680	4,068		198,735.71		48.85	.164		292.26		8.02
HOSPITAL VISITS	563	3,420		142,986.96		41.81	.138		253.97		5.77
CRITICAL CARE	65	387		46,318.26		119.69	.016		712.59		1.87
SNF/ICF/TRANS IP CARE	136	261		9,430.49		36.13	.011		69.34		.38
OPHTHALMOLOGICAL SERVICES	184	281		11,983.42		42.65	.011		65.13		.48
EXAMINATIONS	183	280		11,946.52		42.67	.011		65.28		.48
SERVICES AND MATERIALS	1	1		36.90		36.90	.000		36.90		.00
INPATIENT HOSPITAL SURGERY	328	2,948		150,761.27		51.14	.119		459.64		6.08
PRINCIPAL SURGEON	230	365		113,215.85		310.18	.015		492.24		4.57
ASSISTANT SURGEON	19	19		4,033.32		212.28	.001		212.28		.16
ANESTHESIOLOGIST	120	2,564		33,512.10		13.07	.103		279.27		1.35
OUTPATIENT SURGERY	284	1,307		77,107.39		59.00	.053		271.50		3.11
PRINCIPAL SURGEON	215	265		63,755.29		240.59	.011		296.54		2.57
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	81	1,042		13,352.10		12.81	.042		164.84		.54
DIALYSIS	162	597		42,467.99		71.14	.024		262.15		1.71
PATHOLOGY	487	5,519		27,310.15		4.95	.223		56.08		1.10
RADIOLOGY	898	3,603		147,791.87		41.02	.145		164.58		5.96
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	52	758		7,271.25		9.59	.031		139.83		.29
OTHER SERVICES/ALL X-OVERS	2 , 919	9,340		191,801.43		20.54	.377		65.71		7.74
			Ċ		ċ			ċ		Ċ	
@PHARMACY	18,052	329,806	\$	9,989,320.41	\$	30.29	13.309	Þ	553.36	Ş	403.10
PRESCRIPTION DRUGS	17,692	83,684		9,801,987.41		117.13	3.377		554.04		395.54
SNF/ICF	2,233	18,661		1,405,762.03		75.33	.753		629.54		56.73
OUTPATIENTS	15 , 622	65 , 023		8,396,225.38		129.13	2.624		537.46		338.82
MEDICAL SUPPLIES	1,781	246,122		187,333.00		.76	9.932		105.18		7.56
@DENTIST	1,659	7 , 697	\$	306,831.41	\$	39.86	.311	\$	184.95	\$	12.38
VISITS - DIAGNOSTIC	1,144	4,707		62,144.91		13.20	.190		54.32		2.51
ORAL SURGERY	252	882		41,679.35		47.26	.036		165.39		1.68
DRUGS	4	7		85.00		12.14	.000		21.25		.00
ANESTHESIA	4	4		100.00		25.00	.000		25.00		.00
PERIODONTICS	199	215		24,971.50		116.15	.009		125.48		1.01
ENDODONTICS	121	180		40,469.00		224.83	.007		334.45		1.63
RESTORATIVE DENTISTRY	427	1,197		83,155.55		69.47	.048		194.74		3.36
	21			,							
PROSTHETICS		24		1,778.00		74.08	.001		84.67		.07
DENTURES, STAYPLATES	134	421		52,268.00		124.15	.017		390.06		2.11
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	5	5		180.10		36.02	.000		36.02		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	47	55		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT F	REPORT	r for jan 2	2004 THRU D	DEC		Р	AGE 17,762
MOP024	FEE-FOR-SERVICE										03/14/05
VENTURA COUNTY		ICES FOR MEDICAL	T.T.Y 1	MEEDY - DISABLED							00/11/00
VENTORA COUNTI	SOMMAN OF SERV	TOES FOR MEDICAL	י דענ	NEEDI DISABLED			MC	אוייינו	IT V 7/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	CE	
24,781 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7\ 7.77		UNITS/DAYS				COST PER
74, 101 ETTGIBTES	CALKS			FVLFNDIIOKF2				, (
O O DEFOMERD TOE	701	OR DAYS OF CAR		4 4 00 4 5 5		R UNIT/DAY		ċ	USER		ELIGIBLE
@OPTOMETRIST	721	2,073	Þ	44,924.77	\$	21.67	.084	Ş	62.31	Þ	1.81
DIAGNOSTIC AND ANC. PROCED	311	333		13,742.41		41.27	.013		44.19		.55

EYE APPLIANCES	590	1,668		29 , 677.90		17.79	.067			1.20
OTHER OPTOMETRIC SERVICES	44	72		1,504.46		20.90	.003	34.19		.06
@CHIROPRACTOR	20	42 \$	5	668.80) \$	15.92	.002	\$ 33.44	\$.03
VISITS	17	37		618.64		16.72	.001			.02
OTHER SERVICES	3	5		50.16		10.03	.000			.00
@PODIATRIST	313	514 \$	•	5,589.96			.021		Ċ	.23
•	57		,					•	Y	
MEDICINE/INJECTIONS		64		2,044.70		31.95	.003			.08
SURGERY/ANES.	1	1		8.00		8.00	.000			.00
RADIO./PATHOLOGY	4	8		138.40		17.30	.000			.01
OTHER	258	441		3,398.86)	7.71	.018	13.17		.14
@HOME HEALTH AGENCY	248	38,365 \$	5	1,147,998.73	\$	29.92	1.548	\$ 4629.03	\$	46.33
NURSE ANESTHESIST	0	0 \$.00		.00	.000			.00
NURSE MIDWIFE	0	0 \$.00		.00	.000			.00
PEDIATRIC NURSE PRACTITIONER				.00		.00	.000			.00
	0	0 \$ 0 \$ 36,072 \$,							.00
FAMILY NURSE PRACTITIONER	5 , 954	0 9		.00		.00	.000			
@TOTAL HOSPITAL	5,954	36,072 \$				134.14		\$ 812.71	\$	195.27
HOSP INPATIENT TOTAL		3,444		3,779,264.73		1097.35	.139			152.51
HSC HOSPITALS	414	3 , 160		3,379,380.04		1069.42	.128	8162.75		136.37
NON-HSC HOSPITAL TOTAL	18	284		181,173.15)	637.93	.011	10065.18		7.31
ACCOMMODATIONS	18	284		89,045.03		313.54	.011	4946.95		3.59
ADMINISTRATIVE DAYS		199		46,028.70		231.30	.008			1.86
TRANSITIONAL IP CARE	0	0		.00		.00	.000			.00
	14	85		43,016.33	,					
ALL OTHER ACCOM	14	85				506.07	.003			1.74
ANCILLARIES	18	0		92,128.12		.00	.000			3.72
INPATIENT CROSSOVERS	185	0		218,711.54		.00	.000			8.83
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0 5,551 2,431	0 0 0 0 32,628 4.888		1,059,611.50)	32.48 40.29	1.317	190.89 81.00		42.76
MEDICAL	2,431	4,888		196,921.22)	40.29	.197	81.00		7.95
SURGERY	2.60	296		41,155.36		139.04	.012	158.29		1.66
PATHOLOGY		7,367		81,902.26		11.12	.297			3.31
	823	1,444		173,231.89		119.97	.058			6.99
RADIOLOGY				•						
ROOM USE	2,432	4,571		171,618.33	3	37.55	.184			6.93
CROSSOVERS/ALL OTH OUTPTNT		14,062		394,782.44		28.07	.567			15.93
@COUNTY HOSPITAL TOTAL	4,230	23,057 \$	5	2,423,743.14	\$	105.12	.930	\$ 572.99	\$	97.81
CO HOSPITAL INPATIENT TOTAL		1 , 677		1,649,589.79)	983.66	.068	7019.53		66.57
HSC HOSPITALS		1,455		1,568,264.64		1077.85	.059	7064.26		63.28
NON-HSC HOSPITALS TOTAL	9	222		76,041.15		342.53	.009	8449.02		3.07
ACCOMMODATIONS	9	222		51,348.60		231.30	.009			2.07
ADMINISTRATIVE DAYS	3	181		41,865.30		231.30	.007			1.69
TRANSITIONAL IP CARE	0	0		.00		.00	.000			.00
	0	41								
ALL OTHER ACCOM	6			9,483.30		231.30	.002			.38
ANCILLARIES	9	0		24,692.55		.00	.000			1.00
INPATIENT CROSSOVERS	7	0		5,284.00)	.00	.000			.21
ALL OTHER INPATIENT	0 4,114 2,052	0		.00)	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4,114	21,380		774,153.35)	36.21	.863	188.18		31.24
MEDICAL	2,052	4,067		159,942.77		39.33	.164			6.45
SURGERY	142	166		35,107.19		211.49				1.42
PATHOLOGY	940	4,586		52,079.25		11.36	.185	55.40		2.10
	546									
RADIOLOGY		914		120,688.07		132.04				4.87
ROOM USE	2,046	3,795		143,190.82		37.73	.153			5.78
CROSSOVERS/ALL OTH OUTPTNT		7 , 852		263,145.25		33.51	.317			10.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		INOM 3	TH-OF-PAYMENT	REPOR	T FOR JAN	2004 THRU	DEC 2004	PP	AGE 17,763
MOP024	FEE-FOR-SERVICE/DENTA	L								03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES F	OR MEDICALLY	NEED	OY - DISABLED						
			-				1	MONITHITY ATTEDA	CF -	

		OR DAYS OF CARE			חשם	R UNIT/DAY	DED ELLO		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,066	13,015	\$	2,415,133.09	\$	185.57			1168.99		97.46
COMM HOSP INPATIENT TOTAL	384	1,767	Υ	2,129,674.94		1205.25	.071	٧	5546.03	٧	85.94
HSC HOSPITALS	198	1,705		1,811,115.40		1062.24	.069		9147.05		73.08
NON-HSC HOSPITALS TOTAL	9	62		105,132.00		1695.68	.003		11681.33		4.24
ACCOMMODATIONS	9	62		37,696.43		608.01	.003		4188.49		1.52
ADMINISTRATIVE DAYS	1	18		4,163.40		231.30	.001		4163.40		.17
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	44		33,533.03		762.11	.002		4191.63		1.35
ANCILLARIES	9	0		67,435.57		.00	.000		7492.84		2.72
INPATIENT CROSSOVERS	178	0		213,427.54		.00	.000		1199.03		8.61
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,736	11,248		285,458.15		25.38	.454		164.43		11.52
MEDICAL	481	821		36,978.45		45.04	.033		76.88		1.49
SURGERY	121	130		6,048.17		46.52	.005		49.98		.24
PATHOLOGY	406	2,781		29,823.01		10.72	.112		73.46		1.20
RADIOLOGY	299	530		52,543.82		99.14	.021		175.73		2.12
ROOM USE	480	776		28,427.51		36.63	.031		59.22		1.15
CROSSOVERS/ALL OTH OUTPTNT	1,172	6,210		131,637.19		21.20	.251		112.32		5.31
@STATE HOSPITAL	. 0	, 0	\$	629.60	\$.00	.000	\$.00	\$.03
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		629.60		.00	.000		.00		.03
@NURSING FACILITY	1,438	42,942	\$	6,892,849.04	\$	160.52	1.733	\$	4793.36	\$	278.15
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	20	542		206,742.72		381.44	.022		10337.14		8.34
LEV B-SUBACUTE HSPTL BASED	103	4,849		2,540,217.75		523.86	.196		24662.31		102.51
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,333	37 , 551		4,145,888.57		110.41	1.515		3110.19		167.30
@INTERMEDIATE CARE FACILDD	883 816	26 , 971	\$	4,134,044.21	\$	153.28	1.088	\$	4681.82	\$	166.82
ICF DDH	816	24 , 751		3,733,457.38		150.84	.999		4575.32		150.66
ICF DD	14	455		61,206.13		134.52	.018		4371.87		2.47
ICF DDN/DDCN	53	1,765		339 , 380.70		192.28	.071		6403.41		13.70
@HEMODIALYSIS TOTAL	728	16 , 627	\$	862,368.13	\$			\$	1184.57	\$	34.80
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	14 53 728 0 728	16 , 627		862,368.13		51.87	.671		1184.57		34.80
@REHABILITATION FACILITY	246 110	3,704	\$	61,882.25	\$.149	\$		\$	2.50
		572		13,328.00		23.30	.023		121.16		.54
INDEPENDENT FACILITY	136	3,132		48,554.25		15.50	.126		357.02		1.96
@LABORATORY FACILITY	1,359	6,540	\$	65,769.19	\$	10.06	.264	\$	48.40	\$	2.65
PATHOLOGY	1,347	6,502		65,531.44		10.08	.262		48.65		2.64
XO AND OTHERS	12	38		237.75		6.26	.002		19.81		.01
@ORGANIZED OUTPATIENT CLINIC	824	1,622	\$	123,037.01	\$	75.86	.065	Ş	149.32	Ş	4.96
CLINIC	141	187		7,811.22		41.77	.008		55.40		.32
SURGICENTER	53	124		8,161.96		65.82	.005		154.00		.33
HEROIN DETOX CLINIC	3	50		547.56		10.95	.002		182.52		.02
RURAL HEALTH CLINIC				106,516.27							4.30
#CALIF DEPT OF HEALTH SERV			ES 1	MONTH-OF-PAYMENT RI	EPORT	r for Jan :	2004 THRU	DEC	2004	P	AGE 17,764
MOP024	FEE-FOR-SERVICE										03/14/05
VENTURA COUNTY	SUMMARY OF SERV	VICES FOR MEDICAL	LY.	NEEDY - DISABLED						C D	
04 701 ELICIBLES	HORDO	IINITEO OF OFFICE		EVDENDIBLES	74 7 7 7 7	DACE COCE	M				
24,781 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
GALL OWNED DROVEDEDG	2 040	OR DAYS OF CARE		1 680 001 00		R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	3,840	719,168	Ą				29.021	Þ		Ş	
DURABLE MED. EQUIP.	258 0	1,087 0		140,138.42		128.92 .00	.044		543.17		5.66
BLOOD BANK	U	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	5	8	1,097.61	137.20	.000	219.52	.04	
MEDICAL TRANSPORTATION	557	35 , 475	171,742.74	4.84	1.432	308.34	6.93	
AMBULANCES/AIR TRANS	265	2,404	38,060.56	15.83	.097	143.62	1.54	
OTHER TRANS	223	32 , 333	126,314.57	3.91	1.305	566.43	5.10	
OTHER SERVICES	84	738	7,367.61	9.98	.030	87.71	.30	
ACUPUNCTURE	7	21	373.05	17.76	.001	53.29	.02	
ADULT DAY HEALTH CARE CTR	496	5 , 533	383,218.46	69.26	.223	772.62	15.46	
GENETIC DISEASE TESTING	2	2	210.00	105.00	.000	105.00	.01	
IHMC, MODEL-NF, NF, AIDS, MSSP	96	11,051	328,229.26	29.70	.446	3419.05	13.25	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	616	1,418	17,457.00	12.31	.057	28.34	.70	
PHYSICAL THERAPIST	1	3	33.73	11.24	.000	33.73	.00	
PORTABLE X-RAY	34	62	1,392.20	22.45	.003	40.95	.06	
PROSTHETIST/ORTHOTISTS	66	425	50,668.61	119.22	.017	767.71	2.04	
PROSTHETICS	47	330	41,664.86	126.26	.013	886.49	1.68	
ORTHOTICS	19	95	9,003.75	94.78	.004	473.88	.36	
PSYCHOLOGIST	38	88	2,058.35	23.39	.004	54.17	.08	
SPEECH AND AUDIOLOGY	171	535	29 , 184.59	54.55	.022	170.67	1.18	
HOSPICE SERVICES	76	2,110	228,508.59	108.30	.085	3006.69	9.22	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	297	57 , 872	127,688.26	2.21	2.335	429.93	5.15	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	10	48	690.45	14.38	.002	69.05	.03	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1,432	603 , 478	198,080.21	.33	24.352	138.32	7.99	
@CALIF. CHILDREN SERVICES*	282	20,286	\$ 380,490.14	\$.819		•	
@XOVER EXCLUDING STATE HOSP**	5 , 708	95 , 425	\$ 1,254,449.57	\$ 13.15	3.851	\$ 219.77	\$ 50.62	

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,765 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOP024

FEE-FOR-SERVICE/DENTAL

03/14/05

VENTURA COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY	NE	EDY - FAMILIES						~-	
600 000							M			.GE	
608,373 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
0.0000000000000000000000000000000000000	7 051	OR DAYS OF CARE		447 065 24		R UNIT/DAY			USER	<u> </u>	ELIGIBLE
@OPTOMETRIST	7,051	19,378 \$)	447,865.34	\$	23.11	.032	\$	63.52	Ş	.74
DIAGNOSTIC AND ANC. PROCED	5,535	6,004		238,834.27		39.78	.010		43.15		.39
EYE APPLIANCES	4,614	13,069		200,221.29		15.32	.021		43.39		.33
OTHER OPTOMETRIC SERVICES	240	305		•		28.88	.001	<u> </u>	36.71	<u> </u>	.01
@CHIROPRACTOR	293	533 \$)		\$.001	Þ	30.06	Þ	.01
VISITS	293	533		8,807.26		16.52	.001		30.06		.01
OTHER SERVICES	0	0		.00	<u>^</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@PODIATRIST	1,682	4,691 \$	Ó		\$	33.65	.008	Ş	93.84	Ş	.26
MEDICINE/INJECTIONS	1,536	1,830		65,350.77		35.71	.003		42.55		.11
SURGERY/ANES.	491	552		11,240.50		20.36	.001		22.89		.02
RADIO./PATHOLOGY	636	1,168		20,688.54		17.71	.002		32.53		.03
OTHER	685	1,141		60,559.23	_	53.08	.002	_	88.41	_	.10
@HOME HEALTH AGENCY	160	778 \$	5		\$.001		342.83		.09
NURSE ANESTHESIST	5	17 \$	5	31.66		1.86	.000		6.33		.00
NURSE MIDWIFE	60	485	5	22,730.96	\$	46.87	.001		378.85		.04
PEDIATRIC NURSE PRACTITIONER		77 \$	5		\$	39.49	.000		56.31		.00
FAMILY NURSE PRACTITIONER	6	11 \$	5		\$.000		54.56	\$.00
@TOTAL HOSPITAL	80,841	342,504 \$	5	32,419,279.83	Ş	94.65	.563	Ş	401.03	Ş	53.29
HOSP INPATIENT TOTAL	5,013	18,083		21,753,052.07		1202.96	.030		4339.33		35.76
HSC HOSPITALS	4,907	17,683		20,720,777.78		1171.79	.029		4222.70		34.06
NON-HSC HOSPITAL TOTAL	88	400		996,369.66		2490.92	.001		11322.38		1.64
ACCOMMODATIONS	87	400		210,410.77		526.03	.001		2418.51		.35
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	87	400		210,410.77		526.03	.001		2418.51		.35
ANCILLARIES	87	0		785 , 958.89		.00	.000		9034.01		1.29
INPATIENT CROSSOVERS	25	0		35,904.63		.00	.000		1436.19		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	78,252	324,421		10,666,227.76		32.88	.533		136.31		17.53
MEDICAL	50 , 157	72 , 569		2,474,472.34		34.10	.119		49.33		4.07
SURGERY	4,623	5,407		335,002.18		61.96	.009		72.46		.55
PATHOLOGY	23,473	75 , 528		765,348.25		10.13	.124		32.61		1.26
RADIOLOGY	12 , 796	17,458		1,365,773.67		78.23	.029		106.73		2.24
ROOM USE	64 , 782	92 , 939		3,387,345.68		36.45	.153		52.29		5.57
CROSSOVERS/ALL OTH OUTPTNT		60 , 520		2,338,285.64		38.64	.099		111.58		3.84
@COUNTY HOSPITAL TOTAL	48,808	192,364 \$	5	• •	\$.316	\$		\$	26.72
CO HOSPITAL INPATIENT TOTAL		7,858		9,549,339.44		1215.24	.013		4309.27		15.70
HSC HOSPITALS	2,214	7,823		9,538,760.17		1219.32	.013		4308.38		15.68
NON-HSC HOSPITALS TOTAL	2	35		8,863.27		253.24	.000		4431.64		.01
ACCOMMODATIONS	2	35		8,095.50		231.30	.000		4047.75		.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	35		8,095.50		231.30	.000		4047.75		.01
ANCILLARIES	1	0		767.77		.00	.000		767.77		.00
INPATIENT CROSSOVERS	2	0		1,716.00		.00	.000		858.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	47 , 978	184,506		6,707,955.94		36.36	.303		139.81		11.03
MEDICAL	34 , 671	48,276		1,627,361.00		33.71	.079		46.94		2.67
SURGERY	1,923	2,364		217,329.10		91.93	.004		113.02		.36
PATHOLOGY	12 , 257	32,253		335,506.62		10.40	.053		27.37		.55
RADIOLOGY	6,053	7,981		716,956.63		89.83	.013		118.45		1.18
ROOM USE	41,423	59,333		2,209,369.57		37.24	.098		53.34		3.63

CROSSOVERS/ALL OTH OUTPINT 9,836 34,299 1,601,433.02 46.69 .056 162.81 2.63 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,767

03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND ENTEROLUCES.

MOP024 FEE-FOR-SERVICE/DENTAL

VENTURA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

------ MONTHLY AVERAGE -------#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,768 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

608,373 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	20,816	210,217	\$	1,535,738.11	\$ 7.31	.346	\$ 73.78	\$ 2.52
DURABLE MED. EQUIP.	695	2 , 678		157 , 324.77	58.75	.004	226.37	.26
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	27		3,196.80	118.40	.000	456.69	.01
MEDICAL TRANSPORTATION	1,821	23 , 878		337,345.47	14.13	.039	185.25	.55
AMBULANCES/AIR TRANS	1,771	16,742		244,283.33	14.59	.028	137.94	.40
OTHER TRANS	37	6 , 965		26,264.62	3.77	.011	709.85	.04
OTHER SERVICES	53	171		66 , 797.52	390.63	.000	1260.33	.11
ACUPUNCTURE	42	134		2,346.44	17.51	.000	55.87	.00
ADULT DAY HEALTH CARE CTR	69	766		53,420.08	69.74	.001	774.20	.09
GENETIC DISEASE TESTING	1,164	1,165		122,205.00	104.90	.002	104.99	.20
IHMC, MODEL-NF, NF, AIDS, MSSP	11	27		3,695.33	136.86	.000	335.94	.01
OCCUPATIONAL THERAPIST	9	107		1,414.77	13.22	.000	157.20	.00
OPTICIAN	4,687	10,710		103,680.01	9.68	.018	22.12	.17
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3		97.17	32.39	.000	48.59	.00
PROSTHETIST/ORTHOTISTS	273	493		55,142.96	111.85	.001	201.99	.09
PROSTHETICS	215	275		26,633.30	96.85	.000	123.88	.04
ORTHOTICS	58	218		28,509.66	130.78	.000	491.55	.05
PSYCHOLOGIST	1	5		313.42	62.68	.000	313.42	.00
SPEECH AND AUDIOLOGY	557	1,444		72,383.85	50.13	.002	129.95	.12
HOSPICE SERVICES	9	140		18,770.28	134.07	.000	2085.59	.03
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10,846	61,840		516,709.93	8.36	.102	47.64	.85
EPSDT SUPPLEMENTAL SERVICE	23	453		2,255.44	4.98	.001	98.06	.00
RESPIRATORY CARE PRACT.	1	3		44.46	14.82	.000	44.46	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	940	106,347		85,436.39	.80	.175	90.89	.14
@CALIF. CHILDREN SERVICES*	2,442	55,163	\$	6,695,661.82	\$ 121.38	.091	\$ 2741.88	\$ 11.01
@XOVER EXCLUDING STATE HOSP**	907	11,740	\$	233,124.76		.019	\$ 257.03	\$.38

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,769
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

VENTORAL COONTY	DOINGING OF DELL	(ATCHO LOIC LIMPICIA		101111				
						MO	NTHLY AVERA	GE
684,192 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	309 , 025	4,170,550	\$	152,920,073.48	\$ 36.67	6.096	\$ 494.85	\$ 223.50
@PHYSICIANS SERVICES	79 , 992	240 , 862	\$	9,959,281.76	\$ 41.35	.352	\$ 124.50	\$ 14.56
OUTPATIENT VISITS	49,403	66 , 333		2,389,219.12	36.02	.097	48.36	3.49
OFFICE VISITS	37 , 535	49,078		1,541,164.94	31.40	.072	41.06	2.25
HOME VISITS	15	18		762.69	42.37	.000	50.85	.00
EMERGENCY ROOM	10,057	11,083		590,588.01	53.29	.016	58.72	.86
PREVENTIVE CARE	1,204	1,236		49,923.71	40.39	.002	41.46	.07
OB VISITS/COMPRE PERI	1,422	3,513		157,852.02	44.93	.005	111.01	.23
OTHER OUTPATIENT	1,179	1,405		48,927.75	34.82	.002	41.50	.07
INPATIENT VISITS	5,642	21 , 598		1,460,425.85	67.62	.032	258.85	2.13
HOSPITAL VISITS	5 , 059	15 , 735		711,168.43	45.20	.023	140.57	1.04
CRITICAL CARE	673	5 , 278		729,648.19	138.24	.008	1084.17	1.07
SNF/ICF/TRANS IP CARE	211	585		19,609.23	33.52	.001	92.93	.03
OPHTHALMOLOGICAL SERVICES	1,361	1,931		80,431.11	41.65	.003	59.10	.12

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	1,346	1,907	79,681.11	41.78	.003	59.20	.12
SERVICES AND MATERIALS	24	24	750.00	31.25	.000	31.25	.00
INPATIENT HOSPITAL SURGERY	5,563	30,213	2,779,631.35	92.00	.044	499.66	4.06
PRINCIPAL SURGEON	3,617	4,308	2,211,259.90	513.29	.006	611.35	3.23
ASSISTANT SURGEON	428	426	82,547.23	193.77	.001	192.87	.12
ANESTHESIOLOGIST	2,236	25 , 479	485,824.22	19.07	.037	217.27	.71
OUTPATIENT SURGERY	4,080	14,052	776,178.90	55.24	.021	190.24	1.13
PRINCIPAL SURGEON	3,293	4,089	633,534.46	154.94	.006	192.39	.93
ASSISTANT SURGEON	23	24	2,744.48	114.35	.000	119.33	.00
ANESTHESIOLOGIST	1,081	9,939	139,899.96	14.08	.015	129.42	.20
DIALYSIS	365	1,274	97,026.50	76.16	.002	265.83	.14
PATHOLOGY	9,709	34,304	228,196.64	6.65	.050	23.50	.33
RADIOLOGY	15,504	28,292	1,069,643.77	37.81	.041	68.99	1.56
PSYCHIATRY	3	3	28.07	9.36	.000	9.36	.00
IMMUNIZATION AND INJECTION	1,887	4,633	216,536.89	46.74	.007	114.75	.32
OTHER SERVICES/ALL X-OVERS	13,454	38 , 229	861,963.56	22.55	.056	64.07	1.26
@PHARMACY	162,146	1,173,642	\$ 34,196,552.29	\$	1.715	\$ 210.90	\$ 49.98
PRESCRIPTION DRUGS	159 , 989	506 , 918	33,337,576.89	65.77	.741	208.37	48.73
SNF/ICF	11,989	99,809	5,834,105.50	58.45	.146	486.62	8.53
OUTPATIENTS	148,317	407,109	27,503,471.39	67.56	.595	185.44	40.20
MEDICAL SUPPLIES	7,774	666 , 724	858 , 975.40	1.29	.974	110.49	1.26
@DENTIST	30,428	173 , 395	\$ 4,928,199.08	\$.253	\$ 161.96	\$ 7.20
VISITS - DIAGNOSTIC	22 , 753	120,896	1,523,771.12	12.60	.177	66.97	2.23
ORAL SURGERY	4,112	8,774	501,060.17	57.11	.013	121.85	.73
DRUGS	469	563	12,310.00	21.87	.001	26.25	.02
ANESTHESIA	59	86	4,060.00	47.21	.000	68.81	.01
PERIODONTICS	1,644	1,683	190,916.40	113.44	.002	116.13	.28
ENDODONTICS	2 , 707	4,932	608,536.38	123.39	.007	224.80	.89
RESTORATIVE DENTISTRY	9,901	31 , 115	1,618,969.26	52.03	.045	163.52	2.37
PROSTHETICS	167	183	5,980.00	32.68	.000	35.81	.01
DENTURES, STAYPLATES	796	2,653	290,738.01	109.59	.004	365.25	.42
SPACE MAINTAINERS	317	405	43,137.00	106.51	.001	136.08	.06

MAXILLOFACIAL SERVICES	65	69	6,335.74	91.82	.000	97.47	.01
FRACTURES, DISLOCATIONS	6	12	3,550.00	295.83	.000	591.67	.01
ORTHODONTIC SERVICES	1,205	1,451	112,660.00	77.64	.002	93.49	.16
ALL OTHER SERVICES	656	573	6,175.00	10.78	.001	9.41	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan	2004 THRU DE	EC 2004	PAGE 17,770
MOP024	FEE-FOR-SERVICE/DE	INTAL					03/14/05

MOPU24	FEE-FOR-SERVIC								03/14/05
VENTURA COUNTY	SUMMARY OF SER	VICES FOR MEDICA	LLY N	EEDY - TOTAL				~-	
604 100 FF FGFBF FG			_			MON		-	
684,192 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
O O DECMEED TOE	0 000	OR DAYS OF CAR		562 624 04	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	8,992	24,893	\$	563,624.84	\$ 22.64	.036 \$		Ş	.82
DIAGNOSTIC AND ANC. PROCED	6,212	6,735		268,502.05	39.87	.010	43.22		.39
EYE APPLIANCES	6,213	17,607		280,754.76	15.95	.026	45.19		.41
OTHER OPTOMETRIC SERVICES	379	551		14,368.03	26.08	.001	37.91		.02
@CHIROPRACTOR	326	603	\$	9,812.94	\$ 16.27	.001 \$		Ş	.01
VISITS	318	583		9,626.54	16.51	.001	30.27		.01
OTHER SERVICES	8	20		186.40	9.32	.000	23.30		.00
@PODIATRIST	3,719	8,042	\$		\$ 22.72	.012 \$		Ş	.27
MEDICINE/INJECTIONS	1,663	1,980		70,422.27	35.57	.003	42.35		.10
SURGERY/ANES.	502	564		11,997.82	21.27	.001	23.90		.02
RADIO./PATHOLOGY	648	1,188		21,034.54	17.71	.002	32.46		.03
OTHER	2,593	4,310		79,253.18	18.39	.006	30.56		.12
@HOME HEALTH AGENCY	457	39 , 332	\$	1,215,777.55	\$ 30.91	.057			1.78
NURSE ANESTHESIST	5	17	\$	31.66	\$ 1.86	.000			.00
NURSE MIDWIFE	60	485	\$	22,730.96	\$ 46.87	.001 \$.03
PEDIATRIC NURSE PRACTITIONER		77	\$		\$ 39.49	.000 \$.00
FAMILY NURSE PRACTITIONER	6	11	\$		\$ 29.76	.000 \$.00
@TOTAL HOSPITAL	91,487	398 , 054	\$,	\$ 98.34	.582		\$	57.21
HOSP INPATIENT TOTAL	6,080	22 , 699		26,931,654.79	1186.47	.033	4429.55		39.36
HSC HOSPITALS	5,530	21 , 997		25,206,452.78	1145.90	.032	4558.13		36.84
NON-HSC HOSPITAL TOTAL	111	702		1,205,025.14	1716.56	.001	10856.08		1.76
ACCOMMODATIONS	110	702		303,038.48	431.68	.001	2754.90		. 44
ADMINISTRATIVE DAYS	4	199		46,028.70	231.30	.000	11507.18		.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	106	503		257,009.78	510.95	.001	2424.62		.38
ANCILLARIES	110	0		901,986.66	.00	.000	8199.88		1.32
INPATIENT CROSSOVERS	453	0		520,176.87	.00	.000	1148.29		.76
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	88,148	375,355		12,211,541.88	32.53	.549	138.53		17.85
MEDICAL	54,152	80,094		2,767,215.90	34.55	.117	51.10		4.04
SURGERY	5 , 055	5 , 879		395,271.39	67.23	.009	78.19		.58
PATHOLOGY	25 , 533	86,056		878,570.33	10.21	.126	34.41		1.28
RADIOLOGY	14,156	19,713		1,601,867.64	81.26	.029	113.16		2.34
ROOM USE	68 , 779	99,859		3,646,997.38	36.52	.146	53.02		5.33
CROSSOVERS/ALL OTH OUTPTNT	26,539	83,754		2,921,619.24	34.88	.122	110.09		4.27
@COUNTY HOSPITAL TOTAL	55,628	224,342	\$		\$ 85.66	.328	345.45	\$	28.09
CO HOSPITAL INPATIENT TOTAL		9,818		11,508,829.14	1172.22	.014	4559.76		16.82
HSC HOSPITALS	2,501	9 , 556		11,404,487.50	1193.44	.014	4559.97		16.67
NON-HSC HOSPITALS TOTAL	13	262		88,232.34	336.76	.000	6787.10		.13
ACCOMMODATIONS	13	262		60,600.60	231.30	.000	4661.58		.09
ADMINISTRATIVE DAYS	3	181		41,865.30	231.30	.000	13955.10		.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	10	81		18,735.30	231.30	.000	1873.53		.03
ANCILLARIES	12	0		27,631.74	.00	.000	2302.65		.04
INPATIENT CROSSOVERS	17	0		16,109.30	.00	.000	947.61		.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
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684,192 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE	COST UNITS/DA		COST PER		COST PER	
001,132 221012220	00210	OR DAYS OF CARE		E111 E115 I I 011E0		T/DAY PER ELI		USER		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	39,927	173,712	\$	19,926,516.70		.71 .254				29.12	
COMM HOSP INPATIENT TOTAL	3,592	12,881	7	15,422,825.65	1197			4293.66	4	22.54	
HSC HOSPITALS	3,063	12,441		13,801,965.28	1109			4506.03		20.17	
NON-HSC HOSPITALS TOTAL	98	440		1,116,792.80	2538			11395.84		1.63	
ACCOMMODATIONS	97	440		242,437.88		.00 .001		2499.36		.35	
ADMINISTRATIVE DAYS	1	18		4,163.40		.30 .000		4163.40		.01	
TRANSITIONAL IP CARE	0	0		.00	201	.00 .000		.00		.00	
ALL OTHER ACCOM	96	422		238,274.48	564	.63 .001		2482.03		.35	
ANCILLARIES	98	0		874,354.92	001	.00 .000		8921.99		1.28	
INPATIENT CROSSOVERS	436	0		504,067.57		.00 .000		1156.12		.74	
ALL OTHER INPATIENT	0	0		.00		.00 .000		.00		.00	
COMM HOSP OUTPATIENT TOTAL	37,285	160,831		4,503,691.05		.00 .235		120.79		6.58	
MEDICAL	17,770	25,996		919,373.04		.37 .038		51.74		1.34	
SURGERY	2 , 977	3,308		132,104.34		.93 .005		44.37		.19	
PATHOLOGY	12,425	48,164		480,588.81		.98 .070		38.68		.70	
RADIOLOGY	7,539	10,485		742,581.56		.82 .015		98.50		1.09	
ROOM USE	26,407	35,173		1,236,455.88		.15 .051		46.82		1.81	
CROSSOVERS/ALL OTH OUTPINT	13,907	37,705		992,587.42		.33 .055		71.37		1.45	
@STATE HOSPITAL	18	581	\$	400,929.55		.07 .001		22273.86	Ċ	.59	
MENTALLY ILL	0	0	Ÿ	.00	7 090	.00 .001		.00	Y	.00	
DEVELOP. DISABLED	18	581		400,929.55	690	.07 .001		22273.86		.59	
@NURSING FACILITY	12,382	368,763	\$	42,854,318.17	\$ 116			3461.02	Ċ	62.63	
LEV A-INTERMEDIATE	12,302	0	Ÿ	.00	λ TTC	.00 .000		.00	Y	.00	
LEV B-REHAB MD	0	0		.00		.00 .000		.00		.00	
LEV B-SUBACUTE FREESTANDING	62	1,739		662,910.51	3.9.1	.20 .003		10692.11		.97	
LEV B-SUBACUTE HSPTL BASED	162	7,832		4,080,838.97		.05 .011		25190.36		5.96	
LEV B-TRANSITIONAL IP CARE	0	7,032 0		.00		.00 .000		.00		.00	
LEV B-REGULAR	12,195	359 , 192		38,110,568.69		5.10 .525		3125.10		55.70	
@INTERMEDIATE CARE FACILDD	964	29,576	\$		\$ 154			4735.51	Ċ	6.67	
ICF DDH	880	26,888	Ÿ	4,067,430.38		.27 .039		4622.08	Y	5.94	
ICF DDN	14	455		61,206.13		.52 .001		4371.87		.09	
ICF DDN/DDCN	70	2,233		436,396.81		.43 .003		6234.24		.64	
@HEMODIALYSIS TOTAL	1,354	33,488	\$	1,722,785.71		.44 .049			Ċ	2.52	
HOSPITAL BASED	1,334	33,400	ې	.00	γ J1	.00 .000		.00	۲	.00	
HEMODIALYSIS CENTER	1,354	33,488		1,722,785.71	5.1	.44 .049		1272.37		2.52	
@REHABILITATION FACILITY	974	9,389	\$	181,455.44		.33 .014			Ċ	.27	
HOSPITAL BASED	692	3,705	ې	90,574.88		.45 .005		130.89	۲	.13	
INDEPENDENT FACILITY	282	5,703 5,684		90,880.56		.99 .008		322.27		.13	
@LABORATORY FACILITY	29 , 430	113,864	\$	1,368,279.06		.02 .166			Ċ	2.00	
	29,430	113,663	Ą			.98 .166		46.49	Ą	1.99	
PATHOLOGY XO AND OTHERS	29 , 332 138	201		1,361,684.13 6,594.93		.81 .000		46.42		.01	
	28 , 207	47,747	\$.69 .070			ċ	6.89	
@ORGANIZED OUTPATIENT CLINIC	•	•	P	4,712,321.65 271,511.42		.69 .070		167.06 76.70	ې	.40	
CLINIC	3,540	6 , 925		2/1,311.42	39	.21 .010		10.10		.40	

SURGICENTER 459 828 48,224.28 58.24 .001 105.06 .07
HEROIN DETOX CLINIC 21 283 3,284.83 11.61 .000 156.42 .00
RURAL HEALTH CLINIC 24,822 39,711 4,389,301.12 110.53 .058 176.83 6.42
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,772
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

VENTURA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

684,192 ELIGIBLES

USERS UNITS OF SERVICE
OR DAYS OF CARE
OR ----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,773 MOP024 FEE-FOR-SERVICE/DENTAL
VENTURA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W 03/14/05

37,516 ELIGIBLES
USERS
UNITS OF SERVICE
OR DAYS OF CARE

0TOTAL, ALL PROVIDERS
0TOTAL PROVIDER ----- MONTHLY AVERAGE -----

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OBJED OUBDABLEND	69	80		3,246.67		40.58	.002		47.05		.09
OTHER OUTPATIENT	284	989		84,967.95		40.58 85.91	.002		299.18		2.26
INPATIENT VISITS											
HOSPITAL VISITS	252 51	597		28,363.83		47.51	.016		112.55		.76
CRITICAL CARE		392		56,604.12		144.40	.010		1109.88		1.51
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	28	35		1,492.38		42.64	.001		53.30		.04
EXAMINATIONS	28	35		1,492.38		42.64	.001		53.30		.04
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	138	858		73,566.04		85.74	.023		533.09		1.96
PRINCIPAL SURGEON	85	224		55,719.47		248.75	.006		655.52		1.49
ASSISTANT SURGEON	7	8		1,002.84		125.36	.000		143.26		.03
ANESTHESIOLOGIST	66	626		16,843.73		26.91	.017		255.21		.45
OUTPATIENT SURGERY	142	351		20,841.58		59.38	.009		146.77		.56
PRINCIPAL SURGEON	114	136		15,273.59		112.31	.004		133.98		.41
ASSISTANT SURGEON	1	1		118.06		118.06	.000		118.06		.00
ANESTHESIOLOGIST	36	214		5,449.93		25.47	.006		151.39		.15
DIALYSIS	3	13		1,488.40		114.49	.000		496.13		.04
PATHOLOGY	314	1,073		6,061.82		5.65	.029		19.31		.16
RADIOLOGY	676	1,126		31,531.27		28.00	.030		46.64		.84
PSYCHIATRY	2	. 2		46.44		23.22	.000		23.22		.00
IMMUNIZATION AND INJECTION	71	176		23,818.21		135.33	.005		335.47		.63
OTHER SERVICES/ALL X-OVERS	295	619		38,535.65		62.25	.016		130.63		1.03
@PHARMACY	6,658	50,546	\$	636,580.36	\$	12.59	1.347	\$	95.61	\$	16.97
PRESCRIPTION DRUGS		13,413		528,280.10	·	39.39	.358		80.01		14.08
SNF/ICF	33	153		17,141.88		112.04	.004		519.45		.46
OUTPATIENTS	6.577	13,260		511,138.22		38.55	.353		77.72		13.62
MEDICAL SUPPLIES	6,603 33 6,577 160 1,265 976 177	37,133		108,300.26		2.92	.990		676.88		2.89
@DENTIST	1 265	12,033	\$	320,622.98	Ś	26.65	.321	Ś	253.46	Ś	8.55
VISITS - DIAGNOSTIC	976	8,227	т	109,177.56	т	13.27	.219	т	111.86	Τ.	2.91
ORAL SURGERY	177	463		30,277.35		65.39	.012		171.06		.81
DRUGS	36	53		1,050.00		19.81	.001		29.17		.03
ANESTHESIA	3	4		300.00		75.00	.000		100.00		.01
PERIODONTICS	13	15		1,589.00		105.93	.000		122.23		.04
ENDODONTICS	126	402		36,067.25		89.72	.011		286.25		.96
RESTORATIVE DENTISTRY	516	2,667		126,733.60		47.52	.071		245.61		3.38
PROSTHETICS	516 0 2 17 5	2,007		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	13		553.00		42.54	.000		276.50		.01
SPACE MAINTAINERS	17	38		4,640.00		122.11	.001		270.30		.12
MAXILLOFACIAL SERVICES	± /	19		3,290.30		173.17	.001		658.06		.09
FRACTURES, DISLOCATIONS	J 1	1		800.00		800.00	.000		800.00		.09
ORTHODONTIC SERVICES	71	103				58.20	.003		84.44		.16
	27			5,994.92					5.56		
ALL OTHER SERVICES		25	DEC M	150.00		6.00	.001	DEC		Б	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		KES M	ONTH-OF-PAYMENT RI	LPOR'	T FOR JAN	∠UU4 THKU	DEC	∠∪∪4	P	AGE 17,774
MOP024	FEE-FOR-SERVICE/DE		NO 00	0 00 04 03 45 45	A T Z	. Fr. 7 ^	0.00.053				03/14/05
VENTURA COUNTY	SUMMARY OF SERVICE	S FOR MIC -	NO 20	C U3 U4 ZA 45 4A	4K 41	M 5K /T 8	∠ ¤E ¤W				

37,516 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 372 989 23,944.34 24.21 .026 \$ 64.37 \$.64 323 350 14,102.24 40.29 .009 43.66 .38 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 223 631 9,641.39 15.28 .017 43.23 .26 OTHER OPTOMETRIC SERVICES 7 8 200.71 25.09 .000 28.67 .01 8 10 167.20 16.72 .000 \$ 20.90 \$.00 @CHIROPRACTOR VISITS 8 10 167.20 16.72 .000 20.90 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 2,715.27 \$ 31 60 45.25 87.59 \$ @PODIATRIST .002 \$.07

----- MONTHLY AVERAGE -----

MEDICINE/INJECTIONS	27	28	1,259.42	44.98	.001	46.65	.03
SURGERY/ANES.	5	6	137.40	22.90	.000	27.48	.00
RADIO./PATHOLOGY	6	10	179.92	17.99	.000	29.99	.00
OTHER	9	16	1,138.53	71.16	.000	126.50	.03
@HOME HEALTH AGENCY	12	5,503	\$ 162,269.26	\$ 29.49	.147	\$ 13522.44	\$ 4.33
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	4	113	\$ 2,242.94	\$ 19.85	.003	\$ 560.74	\$.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4,884	17,353	\$ 1,600,247.68	\$ 92.22	.463	\$ 327.65	\$ 42.66
HOSP INPATIENT TOTAL	188	854	1,080,973.87	1265.78	.023	5749.86	28.81
HSC HOSPITALS	184	810	964,230.54	1190.41	.022	5240.38	25.70
NON-HSC HOSPITAL TOTAL	5	44	116,743.33	2653.26	.001	23348.67	3.11
ACCOMMODATIONS	5	44	38,423.40	873.26	.001	7684.68	1.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	44	38,423.40	873.26	.001	7684.68	1.02
ANCILLARIES	5	0	78,319.93	.00	.000	15663.99	2.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,769	16,499	519,273.81	31.47	.440	108.89	13.84
MEDICAL	3 , 550	4,831	177,758.27	36.80	.129	50.07	4.74
SURGERY	170	185	9,044.88	48.89	.005	53.21	.24
PATHOLOGY	1,057	3,411	34,607.75	10.15	.091	32.74	.92
RADIOLOGY	702	888	51,390.01	57.87	.024	73.21	1.37
ROOM USE	4,103	5 , 419	196,277.65	36.22	.144	47.84	5.23
CROSSOVERS/ALL OTH OUTPINT	784	1,765	50,195.25	28.44	.047	64.02	1.34
@COUNTY HOSPITAL TOTAL	2,991	9,307	\$ 647,223.96	\$ 69.54	.248	\$ 216.39	\$ 17.25
CO HOSPITAL INPATIENT TOTAL	73	289	341,735.22	1182.47	.008	4681.30	9.11
HSC HOSPITALS	73	289	341,735.22	1182.47	.008	4681.30	9.11
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0 2,953 2,525	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2 053	9,018		305,488.74	33.88	.240	103.45		8.14
MEDICAL	2,933	3,303		114,976.70	34.81	.088	45.54		3.06
SURGERY	2 , 323	72		5,321.49	73.91	.002	80.63		.14
PATHOLOGY	464	1,147		12,023.81	10.91	.031	25.91		.32
RADIOLOGY	308	373		20,746.28	10.48 55.62	.010	67.36		.55
ROOM USE	2,651	3,467		128,170.76	36.97	.092	48.35		3.42
CROSSOVERS/ALL OTH OUTPTNT		656		24,249.70	36.97	.017	84.20		.65
#CALIF DEPT OF HEALTH SERV			IDEC M	ONTH-OF-PAYMENT R				Ъ	AGE 17,775
MOP024	FEE-FOR-SERVIC		NES M	ONIH-OF-FAIMENI K	LFORT FOR JAN	ZUU4 INKU DE	C 2004	F.	03/14/05
VENTURA COUNTY		•	NO CO	C 03 04 2A 45 4A	12 1M 52 7T 02	OE OM			03/14/03
VENTORA COUNTI	SUMMAKI OF SEK	VICES FOR MIC -	NO 30	C 03 04 2A 43 4A	4K 4M JK /1 02	MON	תחור אוובטא	CF.	
37,516 ELIGIBLES	USERS	UNITS OF SERVIO	~F	EXPENDITURES	AVERAGE COST		COST PER	-	COST PER
•		OR DAYS OF CAR		EXIENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2 , 070	8,046	\$	953,023.72	\$ 118.45	.214 \$			25.40
COMM HOSP INPATIENT TOTAL	116	565	٧	739,238.65	•	•	6372.75	Y	19.70
HSC HOSPITALS	110	E O 1		622,495.32	1308.39 1194.81	.014	5557.99		16.59
NON-HSC HOSPITALS TOTAL	5	721		116,743.33	2653 26	.001	23348.67		3.11
ACCOMMODATIONS	5	44		38,423.40	2653.26 873.26		7684.68		1.02
ADMINISTRATIVE DAYS	0	521 44 44 0 0 44 0 0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	5	4.4			873.26		7684.68		1.02
ANCILLARIES	5	0		38,423.40 78,319.93	.00	.000	15663.99		2.09
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,985	7,481		213,785.07	28.58	.199	107.70		5.70
MEDICAL	1,096	1,528		62,781.57	41.09	.041	57.28		1.67
SURGERY	104	113		3,723.39		.003	35.80		.10
PATHOLOGY	605	2,264		22,583.94	32.95 9.98	.060	37.33		.60
RADIOLOGY	403	515		30,643.73	59.50	.014	76.04		.82
ROOM USE	1,557	1 , 952		68,106.89	34.89	.052	43.74		1.82
CROSSOVERS/ALL OTH OUTPTNT		1,109		25,945.55	23.40	.030	51.17		.69
@STATE HOSPITAL	0	1,100	\$.00	\$.00	.000 \$		Ś	.00
MENTALLY ILL	0	0	Υ	.00	.00	.000	.00	Ψ.	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$		Ś	.00
LEV A-INTERMEDIATE	0	0	٧	.00	.00	.000	.00	Y	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B REHAD MD LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B SOBACOTE HISTIE BASED LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	24	672	\$	141,374.28	\$ 210.38	.018 \$		S	3.77
TOE DOU	24	0/2	Y	141,374.20	7 210.30	.010 5	3030.00	Y	3.77

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INDEPENDENT FACILITY	20	430		6,850.58		15.93	.011		342.53		.18
@LABORATORY FACILITY	2,286	5 , 549	\$	63,530.91	\$	11.45	.148	\$	27.79	\$	1.69
PATHOLOGY	2,285	5,548		63,471.41		11.44	.148		27.78		1.69
XO AND OTHERS	1	1		59.50		59.50	.000		59.50		.00
@ORGANIZED OUTPATIENT CLINIC	4,620	6 , 994	\$	764,861.05	\$	109.36	.186	\$	165.55	\$	20.39
CLINIC	170	347		11,311.50		32.60	.009		66.54		.30
SURGICENTER	8	8		483.22		60.40	.000		60.40		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,480	6 , 639		753,066.33		113.43	.177		168.10		20.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITU	RES MONT	H-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC 2	2004	PA	AGE 17,776
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICE	S FOR MIC - 1	NO SOC 0	3 04 2A 45 4A	4K 4M	1 5K 7T 82	2 8E 8W				
							M	INTRO	LY AVERA	GE -	

					MO	NTHLY AVERA	GE
37,516 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	766	6 , 171 \$	96 , 876.72	\$ 15.70	.164	\$ 126.47	\$ 2.58
DURABLE MED. EQUIP.	71	112	15,384.21	137.36	.003	216.68	.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	128	1,438	30,857.51	21.46	.038	241.07	.82
AMBULANCES/AIR TRANS	127	1,431	20,047.63	14.01	.038	157.86	.53
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	7	7	10,809.88	1544.27	.000	1544.27	.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	41	41	4,305.00	105.00	.001	105.00	.11
IHMC, MODEL-NF, NF, AIDS, MSSP	2	6	510.30	85.05	.000	255.15	.01
OCCUPATIONAL THERAPIST	9	106	1,393.58	13.15	.003	154.84	.04
OPTICIAN	222	498	4,323.21	8.68	.013	19.47	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	20	4,492.35	224.62	.001	641.76	.12
PROSTHETICS	3	3	2,592.26	864.09	.000	864.09	.07
ORTHOTICS	4	17	1,900.09	111.77	.000	475.02	.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	129	291	16,305.34	56.03	.008	126.40	.43
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	144	2,273	12,848.64	5.65	.061	89.23	.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	1,386	6,456.58	4.66	.037	195.65	.17
@CALIF. CHILDREN SERVICES*	258	7,539 \$	729,723.46	\$ 96.79	.201	\$ 2828.39	\$ 19.45
@XOVER EXCLUDING STATE HOSP**	1	2 \$	25.20	\$ 12.60	.000	\$ 25.20	\$.00
8							

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 17,777
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83	

121120101 0001111	COLUMNIC OF CEICL	1020 1011 1110 0	~ ~				~ ~			
							MC	NTHLY AVE	RAGE	
193 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PE	3	COST PER
		OR DAYS OF CARE			PER U	NIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	318	2 , 899	\$	176,453.65	\$	60.87	15.021	\$ 554.89	9 \$	914.27
@PHYSICIANS SERVICES	132	509	\$	26,781.64	\$	52.62	2.637	\$ 202.89	9 \$	138.76

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	45	51		2,866.16	56.20	.264	6	3.69		14.85
OFFICE VISITS	8	11		352.45	32.04	.057	4	4.06		1.83
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	35	37		2,314.07	62.54	.192	6	6.12		11.99
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	3	3		199.64	66.55	.016	6	6.55		1.03
INPATIENT VISITS	28	79		5,065.85	64.12	.409		0.92		26.25
	27	79		3,821.14	53.07	.373		1.52		19.80
HOSPITAL VISITS	2 / 2	72								
CRITICAL CARE				1,244.71	177.82	.036	62	2.36		6.45
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000		.00		.00
EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	31	171		10,388.15	60.75	.886		5.10		53.82
PRINCIPAL SURGEON	17	20		6 , 583.93	329.20	.104	38	7.29		34.11
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	20	151		3,804.22	25.19	.782	19	0.21		19.71
OUTPATIENT SURGERY	16	40		3,868.65	96.72	.207	24	1.79		20.04
PRINCIPAL SURGEON	10	14		3,059.33	218.52	.073		5.93		15.85
ASSISTANT SURGEON	1	1		129.50	129.50	.005		9.50		.67
ANESTHESIOLOGIST	6	25		679.82	27.19	.130		3.30		3.52
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	9	21		327.86	15.61	.109	3	6.43		1.70
RADIOLOGY	44	127		3,522.11	27.73	.658		0.05		18.25
PSYCHIATRY	0	0		.00	.00	.000	O	.00		.00
IMMUNIZATION AND INJECTION	1	2		18.74	9.37	.010	1	8.74		.10
OTHER SERVICES/ALL X-OVERS	11	18		724.12	40.23	.093		5.83		3.75
@PHARMACY	25	87	Ś	11,087.06				3.48	ċ	57.45
-	25 25	87	ې	· · · · · · · · · · · · · · · · · · ·		.451			Ą	
PRESCRIPTION DRUGS	25 0	0		11,087.06	127.44	.451	44	3.48		57.45
SNF/ICF	•	•		.00	.00	.000	4.4	.00		.00
OUTPATIENTS	25	87		11,087.06	127.44	.451	44	3.48		57.45
MEDICAL SUPPLIES	0	0	<u> </u>	.00	.00	.000	^	.00	<u> </u>	.00
@DENTIST	47	305	\$	4,182.55	\$ 13.71	1.580		8.99	\$	21.67
VISITS - DIAGNOSTIC	33	196		520.00	2.65	1.016		5.76		2.69
ORAL SURGERY	11	29		432.55	14.92	.150	3	9.32		2.24
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	1	2		.00	.00	.010		.00		.00
PERIODONTICS	1	1		26.00	26.00	.005	2	6.00		.13
ENDODONTICS	3	6		946.00	157.67	.031	31	5.33		4.90
RESTORATIVE DENTISTRY	14	57		1,578.00	27.68	.295	11	2.71		8.18
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	2	2		.00	.00	.010		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	3	6		680.00	113.33	.031	22	6.67		3.52
ALL OTHER SERVICES	4	6		.00	.00	.031		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES N							
	FEE-FOR-SERVICE									03/14/05
		ICES FOR MIC - :	SOC		AID CODE	7. 83				00/ 11/ 00
VENTORI COONTI	SOLUTION OF SERV	1020 1010 1110 .	500		1110 0001	M	ONTHILY	AVERA	GE	
193 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST					COST PER
100 2110100	00110	OR DAYS OF CAR		2112 2112 1 1 01120	PER UNIT/DAY			ER		ELIGIBLE
@OPTOMETRIST	2	2		63.89				1.95		
DIAGNOSTIC AND ANC. PROCED		2	~	63.89				1.95	~	.33
DIMONOCITE MAD ANC. INOCED	۷	2		03.09	51.55	.010	J	- • > >		• 55

EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		00		.00
@CHIROPRACTOR	3	5	\$	33.44	\$	6.69	.026		.15	\$.17
VISITS	3	5		33.44		6.69	.026	11.	.15		.17
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		.00	Ċ	.00
NURSE ANESTHESIST	0	0	\$					•			
	0	0	ې د	.00	\$.00	.000		.00		.00
NURSE MIDWIFE	U	-	Ş A	.00	\$.00			.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00			0.0		.00
@TOTAL HOSPITAL	132	664	\$	128,186.97	Ş	193.05	3.440	\$ 971.		Ş	664.18
HOSP INPATIENT TOTAL	37	119		112 , 976.98		949.39	.617	3053.			585.37
HSC HOSPITALS	36	117		108,795.66		929.88	.606	3022.	.10		563.71
NON-HSC HOSPITAL TOTAL	1	2		4,181.32		2090.66	.010	4181.	32		21.66
ACCOMMODATIONS	1	2		1,550.40		775.20	.010	1550.	40		8.03
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,550.40		775.20	.010	1550.			8.03
ANCILLARIES	1	0		2,630.92		.00	.000	2630			13.63
INPATIENT CROSSOVERS	0	0		.00		.00	.000		00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	101	545		15,209.99		27.91	2.824	150			78.81
	55	80									
MEDICAL				2,328.45		29.11	.415	42.			12.06
SURGERY	20	25		2,186.37		87.45	.130	109.			11.33
PATHOLOGY	39	197		1,661.89		8.44	1.021	42.			8.61
RADIOLOGY	35	61		3,895.54		63.86	.316	111.			20.18
ROOM USE	71	100		3,838.94		38.39	.518	54.			19.89
CROSSOVERS/ALL OTH OUTPTNT	40	82		1,298.80		15.84	.425	32.			6.73
@COUNTY HOSPITAL TOTAL	74	301	\$	84,217.85	\$	279.79	1.560	\$ 1138.	. 08	\$	436.36
CO HOSPITAL INPATIENT TOTAL	25	90		76 , 940.91		854.90	.466	3077.	64		398.66
HSC HOSPITALS	25	90		76,940.91		854.90	.466	3077.	64		398.66
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		0.0		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		00		.00
ALL OTHER ACCOM	0	Ō		.00		.00	.000		00		.00
ANCILLARIES	0	0		.00		.00	.000		00		.00
INPATIENT CROSSOVERS	0	Õ		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	52	211		7,276.94		34.49	1.093	139			37.70
	36			-							
MEDICAL		46		1,607.25		34.94	.238	44.			8.33
SURGERY	14	17		1,709.08		100.53	.088	122.			8.86
PATHOLOGY	10	40		343.18		8.58	.207	34.			1.78
RADIOLOGY	15	28		1,005.55		35.91	.145	67.			5.21
ROOM USE	38	56		2,370.00		42.32	.290	62.			12.28
CROSSOVERS/ALL OTH OUTPTNT	11	24		241.88		10.08	.124	21.			1.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	ES MON	ITH-OF-PAYMENT RE	EPOR'	T FOR JAN	2004 THRU	DEC 2004		PA	GE 17,779
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	R MIC - S	C			AID CODE	83				
							M				
102 FITCIBLES	HOEDO HINTEO	OF CEDITOR		EADENDILLEC	7\ \ 7.7	EDACE COCH	IINITTO / DAV	C COCH I	מיזו		OCH DED

		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	63	363	\$	43,969.12	\$	121.13	1.881	\$ 697.92	\$ 227.82
COMM HOSP INPATIENT TOTAL	12	29		36,036.07		1242.62	.150	3003.01	186.72
HSC HOSPITALS	11	27		31,854.75		1179.81	.140	2895.89	165.05
NON-HSC HOSPITALS TOTAL	1	2		4,181.32		2090.66	.010	4181.32	21.66
ACCOMMODATIONS	1	2		1,550.40		775.20	.010	1550.40	8.03
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	2		1,550.40		775.20	.010	1550.40	8.03
ANCILLARIES	1	0		2,630.92		.00	.000	2630.92	13.63
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	53	334		7,933.05		23.75	1.731	149.68	41.10
MEDICAL	21	34		721.20		21.21	.176	34.34	3.74
SURGERY	6	8		477.29		59.66	.041	79.55	2.47
PATHOLOGY	31	157		1,318.71		8.40	.813	42.54	6.83
RADIOLOGY	20	33		2,889.99		87.58	.171	144.50	14.97
ROOM USE	35	44		1,468.94		33.39	.228	41.97	7.61
CROSSOVERS/ALL OTH OUTPTNT	30	58		1,056.92		18.22	.301	35.23	5.48
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	9 \$	217.06	\$	24.12	.047	\$ 2	17.06	\$	1.12
HOSPITAL BASED	1	9	217.06		24.12	.047	2	17.06		1.12
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	12 \$	242.60	\$	20.22	.062	\$	48.52	\$	1.26
PATHOLOGY	5	12	242.60		20.22	.062		48.52		1.26
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	3 \$	350.00	\$	116.67	.016	\$ 1	16.67	\$	1.81
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	3	350.00		116.67	.016	1	16.67		1.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT	REPORT	FOR JAN 20	004 THRU 1	DEC 20	04	PA	GE 17,780
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FO	OR MIC - SOC			AID CODE 8					

----- MONTHLY AVERAGE -----193 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 29 1,303 5,308.44 4.07 6.751 \$ 183.05 \$ 27.50 DURABLE MED. EQUIP. 9 226.74 25.19 .047 113.37 1.17 .00 .00 0 .00 .000 BLOOD BANK .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 177 4,640.58 26.22 .917 220.98 24.04 176 16.14 .912 135.27 AMBULANCES/AIR TRANS 2,840.58 14.72 .00 .000 .00 OTHER TRANS .00 .00 OTHER SERVICES 1,800.00 1800.00 .005 1800.00 9.33 .00 ACUPUNCTURE .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .00 .000 .00 .00 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 LOCAL EDUCATION AGENCIES 15 145.37 9.69 .078 29.07 .75 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 . 00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 ALL OTHER PROVIDERS 1,102 295.75 .27 5.710 295.75 1.53 1,429 89,373.81 62.54 2708.30 @CALIF. CHILDREN SERVICES* 7.404 \$ Ś 463.08 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

37,709 ELIGIBLES	VENTURA COUNTY	SUMMARY OF SER	VICES FOR MEDICALLY	INDIGENT - CHILDREN	I - TOTAL			~=
OF DAYS OF CARE 19,530 17,950 5	27 700 71 707777							
### SPETSICIANS SERVICES 3,578 11,958 8 4,410,789.13 8 37.39 3,128 228.04 8 116,97 ### SPETSICIANS SERVICES 3,578 8,995 5435,753.93 8,223 612,74 5 11.55 ### OUTPATIENT VISITS 2,494 3,295 129,308.71 39,24 0.07 51.85 3.43 ### OFFICE VISITS 7,759 2,305 80,480.35 30,77 0.61 45.56 2.14 ### BOW VISITS 7	3/,/09 ELIGIBLES	USERS		EXPENDITURES				
Prints Ciams Strevices		10 520		4 410 700 12				
OUTPATIENT VISITS								
OB VISITS/COMPRE PERI	GPHISICIANS SERVICES	3,378						
OB VISITS/COMPRE PERI	OUTPATIENT VISITS	2,494 1,750						
OB VISITS/COMPRE PERI	OFFICE VISITS	1,759	•					
OB VISITS/COMPRE PERI	HOME VISITS	0						
OB VISITS/COMPRE PERI	EMERGENCY ROOM	645						
CRITICAL CARR SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	PREVENTIVE CARE	/ 4						
CRITICAL CARR SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	OB VISITS/COMPRE PERI	49						
CRITICAL CARR SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	OTHER OUTPATIENT	12	83					
CRITICAL CARR SNFI LOFT/TRANS 1P CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 28 35 1,492.38 42.64 .001 53.30 .04 EXAMINATIONS 28 35 1,492.38 42.64 .001 53.30 .04 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 169 1,029 83,954.19 81.59 .027 496.77 2.23 PRINCIPAL SURGEON 102 244 62,303.40 255.34 .006 610.62 1.65 ASSISTANT SURGEON 7 7 8 1.002.84 125.36 .000 143.26 .03 ANSETHESIOLOGIST 86 777 20,647.95 26.57 .021 240.09 .55 OUTPATIENT SURGERY 158 391 24,710.23 63.22 .010 156.39 .66 PRINCIPAL SURGEON 124 155 18,332.29 122.22 .004 147.85 .49 ASSISTANT SURGEON 2 2 23 247.56 123.78 .006 145.85 .03 ANSETHESIOLOGIST 4 2 23 6,125.75 25.65 .006 145.85 .49 ASSISTANT SURGEON 2 2 23 247.56 123.78 .001 123.78 .01 ANSETHESIOLOGIST 4 2 23 6,125.75 25.65 .006 145.85 .00 ELALYSIS 3 6,620 1,225 20 .004 147.85 .49 ASSISTANT SURGEON 2 2 23 1.094 6,305.68 5.94 .009 496.73 .00 ERMINITARY CARREST 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	INPATIENT VISITS	312	1,068		84.30			
SNF/ICF/TRANS IF CARE 0	HOSPITAL VISITS	279						
OPHTHAIMOLOGICAL SERVICES 28 35				•				
EXAMINATIONS 28 35		-						
SERVICES AND MATERIALS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00								
ASSISTANT SURGEON 7 8 1,002.84 125.36 .000 143.26 .03 ANESTHESIOLOGIST 86 777 20,647.95 26.57 .021 240.09 .55 OUTPATIENT SURGENY 158 391 24,710.23 63.20 .010 156.39 .66 PRINCIPAL SURGEON 124 150 18,332.92 122.22 .004 147.85 .49 ASSISTANT SURGEON 2 2 2 247.56 123.78 .000 123.78 .01 ANESTHESIOLOGIST 42 239 6,129.75 25.65 .006 145.95 .16 DIALYSIS 3 1 1,094 6,389.68 5.84 .029 19.78 .17 PARADIOLOGY 323 1,094 6,389.68 5.84 .029 19.78 .17 RADIOLOGY 720 1,253 35,053.38 27.98 .033 48.69 .93 PSYCHIATRY 2 2 2 2 46.44 23.22 .000 23.22 .00 IMMUNICATION AND INJECTION 72 178 2,836.95 133.92 .005 331.07 .63 OTHER SERVICES/ALL X-OVERS 366 637 39,259.77 61.63 .017 128.30 1.04 PHARMACY 6,683 50,683 \$ 50,633 \$ 647,667.42 \$ 12.79 1.343 \$ 96.91 \$ 17.18 PRESCRIPTION DRUGS 6,628 13,500 539,367.16 39.95 .358 81.38 14.30 SNF/ICF 33 151 17,141.88 112.04 .004 519.45 6.55 OUTPATIENTS 6,602 13,347 522,225.28 39.13 .354 79.10 13.85 MDICAL SUPPLIES 160 37,133 108,300.66 2.92 .98 56 676.88 1.36 DRUGS 38 49 32 30,000 539,367.16 39.95 .358 81.38 14.30 SNF/ICF 33 152 17,141.88 112.04 .004 519.45 4.55 OUTPATIENTS 6,602 13,347 522,225.28 39.13 .354 79.10 13.85 MDICAL SUPPLIES 160 37,133 108,300.26 2.92 .98 5676.88 2.87 PUISITS - DIAGNOSTIC 1,009 8,423 30,709.90 62.42 .013 163.35 .81 DRUGS 38 49 30,709.90 62.42 .013 163.35 .81 DRUGS 38 60.43 30.00 50.00 .000 75.00 .00 PENTURES, STAYPLATES 2 13 500 4,640.00 16.00 .000 75.00 .00 PENTURES, STAYPLATES 2 13 500 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,64		28						
ASSISTANT SURGEON 7 8 1,002.84 125.36 .000 143.26 .03 ANESTHESIOLOGIST 86 777 20,647.95 26.57 .021 240.09 .55 OUTPATIENT SURGENY 158 391 24,710.23 63.20 .010 156.39 .66 PRINCIPAL SURGEON 124 150 18,332.92 122.22 .004 147.85 .49 ASSISTANT SURGEON 2 2 2 247.56 123.78 .000 123.78 .01 ANESTHESIOLOGIST 42 239 6,129.75 25.65 .006 145.95 .16 DIALYSIS 3 1 1,094 6,389.68 5.84 .029 19.78 .17 PARADIOLOGY 323 1,094 6,389.68 5.84 .029 19.78 .17 RADIOLOGY 720 1,253 35,053.38 27.98 .033 48.69 .93 PSYCHIATRY 2 2 2 2 46.44 23.22 .000 23.22 .00 IMMUNICATION AND INJECTION 72 178 2,836.95 133.92 .005 331.07 .63 OTHER SERVICES/ALL X-OVERS 366 637 39,259.77 61.63 .017 128.30 1.04 PHARMACY 6,683 50,683 \$ 50,633 \$ 647,667.42 \$ 12.79 1.343 \$ 96.91 \$ 17.18 PRESCRIPTION DRUGS 6,628 13,500 539,367.16 39.95 .358 81.38 14.30 SNF/ICF 33 151 17,141.88 112.04 .004 519.45 6.55 OUTPATIENTS 6,602 13,347 522,225.28 39.13 .354 79.10 13.85 MDICAL SUPPLIES 160 37,133 108,300.66 2.92 .98 56 676.88 1.36 DRUGS 38 49 32 30,000 539,367.16 39.95 .358 81.38 14.30 SNF/ICF 33 152 17,141.88 112.04 .004 519.45 4.55 OUTPATIENTS 6,602 13,347 522,225.28 39.13 .354 79.10 13.85 MDICAL SUPPLIES 160 37,133 108,300.26 2.92 .98 5676.88 2.87 PUISITS - DIAGNOSTIC 1,009 8,423 30,709.90 62.42 .013 163.35 .81 DRUGS 38 49 30,709.90 62.42 .013 163.35 .81 DRUGS 38 60.43 30.00 50.00 .000 75.00 .00 PENTURES, STAYPLATES 2 13 500 4,640.00 16.00 .000 75.00 .00 PENTURES, STAYPLATES 2 13 500 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,64		0						
ASSISTANT SURGEON 7 8 1,002.84 125.36 .000 143.26 .03 ANESTHESIOLOGIST 86 777 20,647.95 26.57 .021 240.09 .55 OUTPATIENT SURGENY 158 391 24,710.23 63.20 .010 156.39 .66 PRINCIPAL SURGEON 124 150 18,332.92 122.22 .004 147.85 .49 ASSISTANT SURGEON 2 2 2 247.56 123.78 .000 123.78 .01 ANESTHESIOLOGIST 42 239 6,129.75 25.65 .006 145.95 .16 DIALYSIS 3 1 1,094 6,389.68 5.84 .029 19.78 .17 PARADIOLOGY 323 1,094 6,389.68 5.84 .029 19.78 .17 RADIOLOGY 720 1,253 35,053.38 27.98 .033 48.69 .93 PSYCHIATRY 2 2 2 2 46.44 23.22 .000 23.22 .00 IMMUNICATION AND INJECTION 72 178 2,836.95 133.92 .005 331.07 .63 OTHER SERVICES/ALL X-OVERS 366 637 39,259.77 61.63 .017 128.30 1.04 PHARMACY 6,683 50,683 \$ 50,633 \$ 647,667.42 \$ 12.79 1.343 \$ 96.91 \$ 17.18 PRESCRIPTION DRUGS 6,628 13,500 539,367.16 39.95 .358 81.38 14.30 SNF/ICF 33 151 17,141.88 112.04 .004 519.45 6.55 OUTPATIENTS 6,602 13,347 522,225.28 39.13 .354 79.10 13.85 MDICAL SUPPLIES 160 37,133 108,300.66 2.92 .98 56 676.88 1.36 DRUGS 38 49 32 30,000 539,367.16 39.95 .358 81.38 14.30 SNF/ICF 33 152 17,141.88 112.04 .004 519.45 4.55 OUTPATIENTS 6,602 13,347 522,225.28 39.13 .354 79.10 13.85 MDICAL SUPPLIES 160 37,133 108,300.26 2.92 .98 5676.88 2.87 PUISITS - DIAGNOSTIC 1,009 8,423 30,709.90 62.42 .013 163.35 .81 DRUGS 38 49 30,709.90 62.42 .013 163.35 .81 DRUGS 38 60.43 30.00 50.00 .000 75.00 .00 PENTURES, STAYPLATES 2 13 500 4,640.00 16.00 .000 75.00 .00 PENTURES, STAYPLATES 2 13 500 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,640.00 16.00 .00 276.50 .01 PERCODONTICS 19 40 40 4,64		169						
IMMUNIZATION AND INJECTION 72 178 23,836.95 133.92 .005 331.07 .63	PRINCIPAL SURGEON	102						
IMMUNIZATION AND INJECTION 72 178 23,836.95 133.92 .005 331.07 .63	ASSISTANT SURGEON	7						
IMMUNIZATION AND INJECTION 72 178 23,836.95 133.92 .005 331.07 .63	ANESTHESIOLOGIST	86						
IMMUNIZATION AND INJECTION 72 178 23,836.95 133.92 .005 331.07 .63	OUTPATIENT SURGERY	158						
IMMUNIZATION AND INJECTION 72 178 23,836.95 133.92 .005 331.07 .63	PRINCIPAL SURGEON	124						
IMMUNIZATION AND INJECTION 72 178 23,836.95 133.92 .005 331.07 .63	ASSISTANT SURGEON	2						
IMMUNIZATION AND INJECTION 72 178 23,836.95 133.92 .005 331.07 .63	ANESTHESIOLOGIST	42						
IMMUNIZATION AND INJECTION 72 178 23,836.95 133.92 .005 331.07 .63	DIALYSIS	3			114.49			
IMMUNIZATION AND INJECTION 72 178 23,836.95 133.92 .005 331.07 .63	PATHOLOGY	323			5.84			
IMMUNIZATION AND INJECTION 72 178 23,836.95 133.92 .005 331.07 .63	RADIOLOGY	720						
OTHER SERVICES/ALL X-OVERS 306 6.37 39,259.77 61.63 .017 128.30 1.04		_						
SNF/ICF OUTPATIENTS 6,602 13,347 522,225.28 39.13 .354 79.10 13.85 MEDICAL SUPPLIES 160 37,133 108,300.26 2.92 .985 676.88 2.87 @DENTIST 1,312 12,338 \$ 324,805.53 \$ 26.33 .327 \$ 247.57 \$ 8.61 VISITS - DIAGNOSTIC 1,009 8,423 109,697.56 13.02 .223 108.72 2.91 ORAL SURGERY 188 492 30,709.90 62.42 .013 163.35 81 DRUGS 36 53 1,050.00 19.81 .001 29.17 .03 ANESTHESIA 4 6 300.00 50.00 .000 75.00 .01 PERIODONTICS 14 16 1,615.00 10.94 .000 115.36 .04 ENDODONTICS 129 408 37,013.25 90.72 .011 286.92 .98 RESTORATIVE DENTISTRY 530 2,724 128,311.60 47.10 .072 242.10 3.40 PROSTHETICS 0 3 50 .00 .00 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 2 13 553.00 42.54 .000 .001 SPACE MAINTAINERS 19 40 4,640.00 116.00 .001 244.21 .12 MAXILLOFACIAL SERVICES 5 19 3,290.30 173.17 .001 658.06 .09 FRACTURES, DISLOCATIONS 1 1 1 800.00 800.00 800.00 800.00 10 20 00 00 00 00 00 00 00 00 00 00 00 00								
SNF/ICF OUTPATIENTS 6,602 13,347 522,225.28 39.13 .354 79.10 13.85 MEDICAL SUPPLIES 160 37,133 108,300.26 2.92 .985 676.88 2.87 @DENTIST 1,312 12,338 \$ 324,805.53 \$ 26.33 .327 \$ 247.57 \$ 8.61 VISITS - DIAGNOSTIC 1,009 8,423 109,697.56 13.02 .223 108.72 2.91 ORAL SURGERY 188 492 30,709.90 62.42 .013 163.35 81 DRUGS 36 53 1,050.00 19.81 .001 29.17 .03 ANESTHESIA 4 6 300.00 50.00 .000 75.00 .01 PERIODONTICS 14 16 1,615.00 10.94 .000 115.36 .04 ENDODONTICS 129 408 37,013.25 90.72 .011 286.92 .98 RESTORATIVE DENTISTRY 530 2,724 128,311.60 47.10 .072 242.10 3.40 PROSTHETICS 0 3 50 .00 .00 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 2 13 553.00 42.54 .000 .001 SPACE MAINTAINERS 19 40 4,640.00 116.00 .001 244.21 .12 MAXILLOFACIAL SERVICES 5 19 3,290.30 173.17 .001 658.06 .09 FRACTURES, DISLOCATIONS 1 1 1 800.00 800.00 800.00 800.00 10 20 00 00 00 00 00 00 00 00 00 00 00 00		306		-				
SNF/ICF OUTPATIENTS 6,602 13,347 522,225.28 39.13 .354 79.10 13.85 MEDICAL SUPPLIES 160 37,133 108,300.26 2.92 .985 676.88 2.87 @DENTIST 1,312 12,338 \$ 324,805.53 \$ 26.33 .327 \$ 247.57 \$ 8.61 VISITS - DIAGNOSTIC 1,009 8,423 109,697.56 13.02 .223 108.72 2.91 ORAL SURGERY 188 492 30,709.90 62.42 .013 163.35 81 DRUGS 36 53 1,050.00 19.81 .001 29.17 .03 ANESTHESIA 4 6 300.00 50.00 .000 75.00 .01 PERIODONTICS 14 16 1,615.00 10.94 .000 115.36 .04 ENDODONTICS 129 408 37,013.25 90.72 .011 286.92 .98 RESTORATIVE DENTISTRY 530 2,724 128,311.60 47.10 .072 242.10 3.40 PROSTHETICS 0 3 50 .00 .00 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 2 13 553.00 42.54 .000 .001 SPACE MAINTAINERS 19 40 4,640.00 116.00 .001 244.21 .12 MAXILLOFACIAL SERVICES 5 19 3,290.30 173.17 .001 658.06 .09 FRACTURES, DISLOCATIONS 1 1 1 800.00 800.00 800.00 800.00 10 20 00 00 00 00 00 00 00 00 00 00 00 00	@PHARMACY	6,683	,					
SNF/ICF OUTPATIENTS 6,602 13,347 522,225.28 39.13 .354 79.10 13.85 MEDICAL SUPPLIES 160 37,133 108,300.26 2.92 .985 676.88 2.87 @DENTIST 1,312 12,338 \$ 324,805.53 \$ 26.33 .327 \$ 247.57 \$ 8.61 VISITS - DIAGNOSTIC 1,009 8,423 109,697.56 13.02 .223 108.72 2.91 ORAL SURGERY 188 492 30,709.90 62.42 .013 163.35 .81 DRUGS 36 53 1,050.00 19.81 .001 29.17 .03 ANESTHESIA 4 6 300.00 50.00 .000 75.00 .01 PERIODONTICS 14 16 ENDODONTICS 14 16 1,615.00 10.04 ENDODONTICS 129 408 37,013.25 90.72 .011 286.92 .98 RESTORATIVE DENTISTRY 530 2,724 128,311.60 47.10 .072 242.10 3.40 PROSTHETICS 0 3 50 DENTURES, STAYPLATES 2 13 553.00 42.54 .000 276.50 .01 SPACE MAINTAINERS 19 40 40 4,640.00 116.00 .001 244.21 .12 MAXILLOFACIAL SERVICES 5 19 3,290.30 173.17 .001 658.06 .09 FRACTURES, DISLOCATIONS 1 1 1 800.00 800.00 800.00 800.00 10 20 20 218 ALL OTHER SERVICES 31 31 31 150.00 4.84 001 4.84 001 4.84	PRESCRIPTION DRUGS	6,628						
RESTORATIVE DENTISTRY 530 2,724 128,311.60 47.10 .072 242.10 3.40 PROSTHETICS 0 3 .00 .00 .00 .00 .00 .00 .00 .00 .00	SNF/ICF	33						
RESTORATIVE DENTISTRY 530 2,724 128,311.60 47.10 .072 242.10 3.40 PROSTHETICS 0 3 .00 .00 .00 .00 .00 .00 .00 .00 .00	OUTPATIENTS	6,602						
RESTORATIVE DENTISTRY 530 2,724 128,311.60 47.10 .072 242.10 3.40 PROSTHETICS 0 3 .00 .00 .00 .00 .00 .00 .00 .00 .00	MEDICAL SUPPLIES	160						
RESTORATIVE DENTISTRY 530 2,724 128,311.60 47.10 .072 242.10 3.40 PROSTHETICS 0 3 .00 .00 .00 .00 .00 .00 .00 .00 .00	@DENTIST	1,312						
RESTORATIVE DENTISTRY 530 2,724 128,311.60 47.10 .072 242.10 3.40 PROSTHETICS 0 3 .00 .00 .00 .00 .00 .00 .00 .00 .00	VISITS - DIAGNOSTIC	1,009						
RESTORATIVE DENTISTRY 530 2,724 128,311.60 47.10 .072 242.10 3.40 PROSTHETICS 0 3 .00 .00 .00 .00 .00 .00 .00 .00 .00	ORAL SURGERY	188						
RESTORATIVE DENTISTRY 530 2,724 128,311.60 47.10 .072 242.10 3.40 PROSTHETICS 0 3 .00 .00 .00 .00 .00 .00 .00 .00 .00	DRUGS	36						
RESTORATIVE DENTISTRY 530 2,724 128,311.60 47.10 .072 242.10 3.40 PROSTHETICS 0 3 .00 .00 .00 .00 .00 .00 .00 .00 .00	ANESTHESIA	4						
RESTORATIVE DENTISTRY 530 2,724 128,311.60 47.10 .072 242.10 3.40 PROSTHETICS 0 3 .00 .00 .00 .00 .00 .00 .00 .00 .00	PERIODONTICS	14	16	1,615.00	100.94	.000	115.36	
PROSTHETICS 0 3 .00 .00 .00 .00 DENTURES, STAYPLATES 2 13 553.00 42.54 .000 276.50 .01 SPACE MAINTAINERS 19 40 4,640.00 116.00 .001 244.21 .12 MAXILLOFACIAL SERVICES 5 19 3,290.30 173.17 .001 658.06 .09 FRACTURES, DISLOCATIONS 1 1 800.00 800.00 .000 800.00 .02 ORTHODONTIC SERVICES 74 109 6,674.92 61.24 .003 90.20 .18 ALL OTHER SERVICES 31 31 150.00 4.84 .001 4.84 .00	ENDODONTICS	123	408	37,013.25				.98
DENTURES, STAYPLATES 2 13 553.00 42.54 .000 276.50 .01 SPACE MAINTAINERS 19 40 4,640.00 116.00 .001 244.21 .12 MAXILLOFACIAL SERVICES 5 19 3,290.30 173.17 .001 658.06 .09 FRACTURES, DISLOCATIONS 1 1 1 800.00 800.00 .000 800.00 .02 ORTHODONTIC SERVICES 74 109 6,674.92 61.24 .003 90.20 .18 ALL OTHER SERVICES 31 31 31 150.00 4.84 .001 4.84 .00	RESTORATIVE DENTISTRY	530	2,724	128,311.60	47.10		242.10	
SPACE MAINTAINERS 19 40 4,640.00 116.00 .001 244.21 .12 MAXILLOFACIAL SERVICES 5 19 3,290.30 173.17 .001 658.06 .09 FRACTURES, DISLOCATIONS 1 1 800.00 800.00 .000 800.00 .02 ORTHODONTIC SERVICES 74 109 6,674.92 61.24 .003 90.20 .18 ALL OTHER SERVICES 31 31 150.00 4.84 .001 4.84 .00	PROSTHETICS	0	3	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES 5 19 3,290.30 173.17 .001 658.06 .09 FRACTURES, DISLOCATIONS 1 1 800.00 800.00 .000 800.00 .02 ORTHODONTIC SERVICES 74 109 6,674.92 61.24 .003 90.20 .18 ALL OTHER SERVICES 31 31 150.00 4.84 .001 4.84 .00	DENTURES, STAYPLATES	2	13	553.00	42.54	.000	276.50	
FRACTURES, DISLOCATIONS 1 1 800.00 800.00 .00 800.00 .02 ORTHODONTIC SERVICES 74 109 6,674.92 61.24 .003 90.20 .18 ALL OTHER SERVICES 31 31 150.00 4.84 .001 4.84 .00	SPACE MAINTAINERS	19	40	4,640.00	116.00	.001	244.21	.12
ORTHODONTIC SERVICES 74 109 6,674.92 61.24 .003 90.20 .18 ALL OTHER SERVICES 31 31 150.00 4.84 .001 4.84 .00	MAXILLOFACIAL SERVICES	5	19	3,290.30	173.17	.001	658.06	.09
ALL OTHER SERVICES 31 31 150.00 4.84 .001 4.84 .00	FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.02
	ORTHODONTIC SERVICES	74	109	6,674.92	61.24	.003	90.20	.18
	ALL OTHER SERVICES	31	31	150.00	4.84	.001	4.84	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,782	#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 17,782

FEE-FOR-SERVICE/DENTAL

03/14/05

VENTURA COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY I	NDIGENT - CHILDREN	-	TOTAL				~-	
							MO			GE	
37,709 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		3			COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	374	991	\$	•	\$	24.23	.026	\$	64.19	\$.64
DIAGNOSTIC AND ANC. PROCED	325	352		14,166.13		40.24	.009		43.59		.38
EYE APPLIANCES	223	631		9,641.39		15.28	.017		43.23		.26
OTHER OPTOMETRIC SERVICES	7	8		200.71		25.09	.000		28.67		.01
@CHIROPRACTOR	11	15	\$		\$	13.38	.000	\$	18.24	\$.01
VISITS	11	15		200.64		13.38	.000		18.24		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	31	60	\$	2,715.27	\$	45.25	.002	\$	87.59	\$.07
MEDICINE/INJECTIONS	27	28		1,259.42		44.98	.001		46.65		.03
SURGERY/ANES.	5	6		137.40		22.90	.000		27.48		.00
RADIO./PATHOLOGY	6	10		179.92		17.99	.000		29.99		.00
OTHER	9	16		1,138.53		71.16	.000		126.50		.03
@HOME HEALTH AGENCY	12	5,503	\$	162,269.26	\$	29.49		Ś		\$	4.30
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	4	113	Ś	2,242.94	\$	19.85	.003			\$.06
PEDIATRIC NURSE PRACTITIONER	=	0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$.00	.000			\$.00
@TOTAL HOSPITAL	5,016	18,017	\$	1,728,434.65	Ś	95.93	.478		344.58		45.84
HOSP INPATIENT TOTAL	225	973	Y	1,193,950.85	Y	1227.08	.026	Y	5306.45	Y	31.66
HSC HOSPITALS	220	927		1,073,026.20		1157.53	.025		4877.39		28.46
NON-HSC HOSPITAL TOTAL	6	46		120,924.65		2628.80	.023		20154.11		3.21
ACCOMMODATIONS	6	46		39,973.80		869.00	.001		6662.30		1.06
	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0									
TRANSITIONAL IP CARE	0	46		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	40		39,973.80		869.00	.001		6662.30		1.06
ANCILLARIES	0	-		80,950.85		.00	.000		13491.81		2.15
INPATIENT CROSSOVERS	•	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4,870	17,044		534,483.80		31.36	.452		109.75		14.17
MEDICAL	3,605	4,911		180,086.72		36.67	.130		49.95		4.78
SURGERY	190	210		11,231.25		53.48	.006		59.11		.30
PATHOLOGY	1,096	3,608		36,269.64		10.05	.096		33.09		.96
RADIOLOGY	737	949		55,285.55		58.26	.025		75.01		1.47
ROOM USE	4,174	5,519		200,116.59		36.26	.146		47.94		5.31
CROSSOVERS/ALL OTH OUTPTNT		1,847		51,494.05		27.88	.049		62.49		1.37
@COUNTY HOSPITAL TOTAL	3,065	9,608	\$	•	\$.255	\$		\$	19.40
CO HOSPITAL INPATIENT TOTAL		379		418,676.13		1104.69	.010		4272.21		11.10
HSC HOSPITALS	98	379		418,676.13		1104.69	.010		4272.21		11.10
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3,005	9,229		312,765.68		33.89	.245		104.08		8.29
MEDICAL	2,561	3,349		116,583.95		34.81	.089		45.52		3.09
SURGERY	. 80	. 89		7,030.57		79.00	.002		87.88		.19
PATHOLOGY	474	1,187		12,366.99		10.42	.031		26.09		.33
RADIOLOGY	323	401		21,751.83		54.24	.011		67.34		.58
ROOM USE	2,689	3,523		130,540.76		37.05	.093		48.55		3.46
· · · · · · · · · · · · · · · · · · ·	2,000	0,020		,		• • •	.000		-3.00		J• 10

CROSSOVERS/ALL OTH OUTPINT 299 680 24,491.58 36.02 .018 81.91 .65 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,783

MOP024

FEE-FOR-SERVICE/DENTAL

03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

VENTURA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	INDIGENT - CHILDE	REN - TOTAL			~-	
05 500						ONTHLY AVERA		
37,709 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES		ST UNITS/DAY			COST PER
		OR DAYS OF CARE		PER UNIT/D				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,133	8,409 \$	/				Ş	26.44
COMM HOSP INPATIENT TOTAL	128	594	775,274.72			6056.83		20.56
HSC HOSPITALS	123	548	654,350.07			5319.92		17.35
NON-HSC HOSPITALS TOTAL	6	46	120,924.65			20154.11		3.21
ACCOMMODATIONS	6	46	39,973.80	869.00	.001	6662.30		1.06
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	46	39,973.80	869.00	.001	6662.30		1.06
ANCILLARIES	6	0	80,950.85	.00	.000	13491.81		2.15
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2,038	7,815	221,718.12			108.79		5.88
MEDICAL	1,117	1,562	63,502.77	40.65		56.85		1.68
SURGERY	110	121	4,200.68			38.19		.11
PATHOLOGY	636	2,421	23,902.65			37.58		.63
RADIOLOGY	423	548	33,533.72			79.28		.89
	1,592	1,996				43.70		1.85
ROOM USE		•	69,575.83			50.28		.72
CROSSOVERS/ALL OTH OUTPINT	0	1,167	27,002.47				Ċ	
@STATE HOSPITAL	0	0 \$				\$.00	\$.00
MENTALLY ILL	7	0	.00			.00		.00
DEVELOP. DISABLED	0	0	.00			.00	_	.00
@NURSING FACILITY	0	0 \$		•		\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00			.00		.00
LEV B-REHAB MD	0	0	.00			.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00			.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00			.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	24	672 \$	141,374.28	\$ 210.38	.018	\$ 5890.60	\$	3.75
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	24	672	141,374.28	3 210.38	.018	5890.60		3.75
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	·	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	51	589 \$				\$ 202.50	\$.27
HOSPITAL BASED	31	159	3,476.68			112.15		.09
INDEPENDENT FACILITY	20	430	6,850.58			342.53		.18
@LABORATORY FACILITY	2,291	5 , 561 \$					\$	1.69
PATHOLOGY	2,291	5,560	63,714.01			27.82	Y	1.69
XO AND OTHERS	2 , 290	1	59.50			59.50		.00
	4,623	6 , 997 \$					ċ	20.29
@ORGANIZED OUTPATIENT CLINIC	•		,			•	\$	
CLINIC	170	347	11,311.50			66.54		.30
SURGICENTER	8	8	483.22			60.40		.01
HEROIN DETOX CLINIC	0	0	.00			.00		.00
RURAL HEALTH CLINIC	4,483	6,642	753,416.33		.176	168.06	_	19.98
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT	KEPORT FOR JA	N 2004 THRU	DEC 2004	P	AGE 17,784
MOP024	FEE-FOR-SERVICE/							03/14/05
VENTURA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	INDIGENT - CHILDE	REN - TOTAL				

37,709 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	795	7,474	\$ 102,185.16	\$ 13.67	.198	\$ 128.53	\$ 2.71
DURABLE MED. EQUIP.	73	121	15,610.95	129.02	.003	213.85	.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	149	1,615	35,498.09	21.98	.043	238.24	.94
AMBULANCES/AIR TRANS	148	1,607	22,888.21	14.24	.043	154.65	.61
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	8	8	12,609.88	1576.24	.000	1576.24	.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	41	41	4,305.00	105.00	.001	105.00	.11
IHMC, MODEL-NF, NF, AIDS, MSSP	2	6	510.30	85.05	.000	255.15	.01
OCCUPATIONAL THERAPIST	9	106	1,393.58	13.15	.003	154.84	.04
OPTICIAN	222	498	4,323.21	8.68	.013	19.47	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	20	4,492.35	224.62	.001	641.76	.12
PROSTHETICS	3	3	2,592.26	864.09	.000	864.09	.07
ORTHOTICS	4	17	1,900.09	111.77	.000	475.02	.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	129	291	16,305.34	56.03	.008	126.40	.43
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	149	2,288	12,994.01	5.68	.061	87.21	.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	34	2,488	6,752.33	2.71	.066	198.60	.18
@CALIF. CHILDREN SERVICES*	291	8,968	\$ 819,097.27	\$ 91.34	.238	\$ 2814.77	\$ 21.72

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,785

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

					MONT	HLY AVERAG	Ε
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

.00 MAXILLOFACIAL SERVICES 0 0 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .000 .00 .00 0 0 .00 .00 .00 .00 ALL OTHER SERVICES .000 PAGE 17,786

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

VENTURA COUNTY SIMMADY OF SERVICES FOR MIA - NO SOC - AID DAID DENDING AID CODE 81

VENTURA COUNTY	SUMMARY OF SER	VICES FOR	MIA - N	O SOC	- AID PAID PENDI	NG	AID CODE	81				
								MC	TNC	HLY AVERAC	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	·	.00		.00	.000		.00		.00
SURGERY/ANES.	0		Ö		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		Ō		.00		.00	.000		.00		.00
OTHER	0		Ö		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	Ś	.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0		Ö	Š	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	Ś	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	Û		0	Ś		\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	Ś		\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	¢	.00	\$.00		\$.00	Ś	.00
HOSP INPATIENT TOTAL	0		0	۲	.00	Υ	.00	.000	٧	.00	۲	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0									
CROSSOVERS/ALL OTH OUTPINT	0		0	\$.00	ċ	.00	.000	ċ	.00	Ś	.00
@COUNTY HOSPITAL TOTAL	0		0	Ş	.00	\$.00	.000	Þ		Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		-		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	MONTH-OF-PAYMENT REPORT	FOR JAN 2	004 THRU DEC	2004	PAGE 17,787
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES F	OR MIA - NO SC	OC - AID PAID PENDING	AID CODE	81		

VENTURA COUNTY	SUMMARI OF SERV	ICES FOR MIA - N	10 500	- AID PAID PENDI	ING AID CODE	MOI	מחחו א אוים א	\ C F	
00 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	AVERAGE COST			1GE	COST PER
00 FFIGIPTE2	USEKS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
GCOMMINITEN HOCDIEST EOEST	0			0.0				ċ	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00 .00	.000	.00	Ş	.00
COMM HOSP INPATIENT TOTAL	0								
HSC HOSPITALS	•	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	U	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	U	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	U	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	O	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	•	.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000		\$.00
CLINIC	0	0	•	.00	.00	.000	.00		.00

03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

FEE-FOR-SERVICE/DENTAL

							M	ONT	HLY AVERA	GE
00 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	.00
BLOOD BANK	0	0		.00		.00	.000		.00	.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00	.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	.00
OTHER TRANS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
ACUPUNCTURE	0	0		.00		.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	.00
OPTICIAN	0	0		.00		.00	.000		.00	.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00	.00
PROSTHETICS	0	0		.00		.00	.000		.00	.00
ORTHOTICS	0	0		.00		.00	.000		.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00	.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN A	AS A SEPARAT	E INFORMATION I	TEM ONL	Υ;						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,789
MOP024 FEE-FOR-SERVICE/DENTAL
VENTURA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

VENTORAL COONTY	DOINGING OF DER	VIOLO IOIC IIIII I	•0 000	11(1101(11(1	1110 0000	0 0		
						MON	THLY AVERA	GE
774 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	S		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	959	6 , 016	\$	490,630.36	\$ 81.55	7.773 \$	511.61	\$ 633.89
@PHYSICIANS SERVICES	350	1,215	\$	82,465.49	\$ 67.87	1.570 \$	235.62	\$ 106.54
OUTPATIENT VISITS	121	284		11,167.90	39.32	.367	92.30	14.43
OFFICE VISITS	42	49		2,272.77	46.38	.063	54.11	2.94
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	38	43		2,648.27	61.59	.056	69.69	3.42
PREVENTIVE CARE	1	1		68.73	68.73	.001	68.73	.09
OB VISITS/COMPRE PERI	50	188		6,020.45	32.02	.243	120.41	7.78

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	3	3	157.68	52	.56 .0	004	52.56	.20
INPATIENT VISITS	64	138	8,313.60	60	.24 .1	78	129.90	10.74
HOSPITAL VISITS	59	115	5,143.35	4 4	.72 .1	49	87.18	6.65
CRITICAL CARE	6	23	3,170.25	137	.84 .0	30	528.38	4.10
SNF/ICF/TRANS IP CARE	0	0	.00		.00 .0	000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	49.78	49	.78 .0	01	49.78	.06
EXAMINATIONS	1	1	49.78	49	.78 .0	01	49.78	.06
SERVICES AND MATERIALS	0	0	.00		.00 .0	000	.00	.00
INPATIENT HOSPITAL SURGERY	87	302	46,299.67	153	.31 .3	390	532.18	59.82
PRINCIPAL SURGEON	59	62	38,845.05	626	.53 .0	080	658.39	50.19
ASSISTANT SURGEON	6	6	1,119.00	186	.50 .0	800	186.50	1.45
ANESTHESIOLOGIST	33	234	6,335.62	27	.08 .3	302	191.99	8.19
OUTPATIENT SURGERY	34	60	5,093.60	84	.89 .0	78	149.81	6.58
PRINCIPAL SURGEON	29	35	4,305.54	123	.02 .0	45	148.47	5.56
ASSISTANT SURGEON	0	0	.00		.00 .0	000	.00	.00
ANESTHESIOLOGIST	13	25	788.06	31	.52 .0	32	60.62	1.02
DIALYSIS	0	0	.00		.00 .0	000	.00	.00
PATHOLOGY	67	235	2,481.17	10	.56 .3	304	37.03	3.21
RADIOLOGY	116	143	7,335.97	51	.30 .1	85	63.24	9.48
PSYCHIATRY	0	0	.00		.00 .0	000	.00	.00
IMMUNIZATION AND INJECTION	8	14	166.69	11	.91 .0	18	20.84	.22
OTHER SERVICES/ALL X-OVERS	31	38	1,557.11	40	.98 .0	49	50.23	2.01
@PHARMACY	268	916	\$ 13,778.38	\$ 15	.04 1.1	83	\$ 51.41	\$ 17.80
PRESCRIPTION DRUGS	261	569	11,478.53	20	.17 .7	735	43.98	14.83
SNF/ICF	0	0	.00		.00 .0	000	.00	.00
OUTPATIENTS	261	569	11,478.53	20	.17 .7	735	43.98	14.83
MEDICAL SUPPLIES	18	347	2,299.85	6	.63 .4	148	127.77	2.97
@DENTIST	24	92	\$ 3,622.75	\$ 39	.38 .1	19	\$ 150.95	\$ 4.68
VISITS - DIAGNOSTIC	22	57	1,199.75	21	.05 .0	74	54.53	1.55
ORAL SURGERY	3	3	255.00	85	.00 .0	04	85.00	.33
DRUGS	0	0	.00		.00 .0	000	.00	.00
ANESTHESIA	0	0	.00		.00 .0	000	.00	.00

PERIODONTICS	2	2	55.00	27.50	.003	27.50	.07
ENDODONTICS	1	1	330.00	330.00	.001	330.00	.43
RESTORATIVE DENTISTRY	9	29	1,783.00	61.48	.037	198.11	2.30
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MO	NTH-OF-PAYMENT REE	PORT FOR JAN 20	04 THRU DE	C 2004	PAGE 17,790
MOP024	FEE-FOR-SERVICE/DENT	'AL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR MIA - NO SOC	C - PREGNANT	AID CODE 8	6		
					MON	ITHLY AVERAG	E
774 ELIGIBLES	USERS UNIT	'S OF SERVICE	EXPENDITURES	AVERAGE COST U	NITS/DAYS	COST PER	COST PER

							HLY AVERA	
774 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST			COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	14	35	\$ 861.22	\$	24.61	.045	\$ 61.52	\$ 1.11
DIAGNOSTIC AND ANC. PROCED	12	12	545.37		45.45	.016	45.45	.70
EYE APPLIANCES	8	23	315.85		13.73	.030	39.48	.41
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$	16.72	.001	\$ 16.72	\$.02
VISITS	1	1	16.72		16.72	.001	16.72	.02
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	2	2 2	\$ 114.40	\$	57.20	.003	\$ 57.20	\$.15
MEDICINE/INJECTIONS	2	2	114.40		57.20	.003	57.20	.15
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00
OTHER	0	0	.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$	52.50	.003	\$ 104.99	\$.14
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	2 3	\$ 91.11	\$	45.56	.003	\$ 45.56	\$.12
PEDIATRIC NURSE PRACTITIONER	2	3	\$ 163.65	\$	54.55	.004	\$ 81.83	\$.21
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	498	2,635	\$ 354,198.77	\$	134.42	3.404	\$ 711.24	\$ 457.62
HOSP INPATIENT TOTAL	76	232	273,109.12		1177.19	.300	3593.54	352.85
HSC HOSPITALS	75	230	270,551.00		1176.31	.297	3607.35	349.55
NON-HSC HOSPITAL TOTAL	1	2	2,558.12		1279.06	.003	2558.12	3.31
ACCOMMODATIONS	1	2	905.20		452.60	.003	905.20	1.17
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	2	905.20		452.60	.003	905.20	1.17
ANCILLARIES	1	0	1,652.92		.00	.000	1652.92	2.14
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	455	2,403	81,089.65		33.75	3.105	178.22	104.77
MEDICAL	104	153	7,057.54		46.13	.198	67.86	9.12
SURGERY	34	42	1,608.83		38.31	.054	47.32	2.08
PATHOLOGY	173	643	7,359.38		11.45	.831	42.54	9.51
RADIOLOGY	84	101	8,365.12		82.82	.130	99.58	10.81
ROOM USE	342	573	21,149.19		36.91	.740	61.84	27.32
CROSSOVERS/ALL OTH OUTPINT	299	891	35,549.59		39.90	1.151	118.89	45.93
@COUNTY HOSPITAL TOTAL	249	1,278	\$	\$	148.88	1.651	\$ 764.11	\$ 245.82
CO HOSPITAL INPATIENT TOTAL	31	111	146,830.30		1322.80	.143	4736.46	189.70
HSC HOSPITALS	31	111	146,830.30		1322.80	.143	4736.46	189.70
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
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ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	235	1,167	43,431.95	37.22	1.508	184.82		56.11
MEDICAL	68	84	3,129.17	37.25	.109	46.02		4.04
SURGERY	10	11	514.89	46.81	.014	51.49		.67
PATHOLOGY	74	250	3,455.24	13.82	.323	46.69		4.46
RADIOLOGY	27	30	3,390.70	113.02	.039	125.58		4.38
ROOM USE	206	337	12,472.34	37.01	.435	60.55		16.11
CROSSOVERS/ALL OTH OUTPTNT	151	455	20,469.61	44.99	.588	135.56		26.45
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	-				PA	GE 17,791
MOP024	FEE-FOR-SERVICE							03/14/05
VENTURA COUNTY		VICES FOR MIA - NO	SOC - PREGNANT	AID CODE	86			03/11/00
VEI(10101 0001(11	0011111111 01 0111	. 1020 1011 11111 110		1112 0022	MON'	THLY AVERA	GE -	
774 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	_	OST PER
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ODLING	OR DAYS OF CARE		PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	274	1,357 \$	163,936.52	\$ 120.81	1.753 \$			
COMM HOSP INPATIENT TOTAL	45	121	126,278.82	1043.63	.156	2806.20	Y	163.15
HSC HOSPITALS	44	119	123,720.70	1039.67	.154	2811.83		159.85
NON-HSC HOSPITALS TOTAL	1	2	2,558.12	1279.06	.003	2558.12		3.31
ACCOMMODATIONS	1	2	905.20	452.60	.003	905.20		1.17
ACCOMMODATIONS ADMINISTRATIVE DAYS	Ū	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	2	905.20	452.60	.003	905.20		1.17
	1	0		.00	.000	1652.92		2.14
ANCILLARIES	0	0	1,652.92					
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	•	1,236	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	243		37,657.70	30.47	1.597	154.97		48.65
MEDICAL	44	69	3,928.37	56.93	.089	89.28		5.08
SURGERY	25	31	1,093.94	35.29	.040	43.76		1.41
PATHOLOGY	103	393	3,904.14	9.93	.508	37.90		5.04
RADIOLOGY	57	71	4,974.42	70.06	.092	87.27		6.43
ROOM USE	152	236	8,676.85	36.77	.305	57.08		11.21
CROSSOVERS/ALL OTH OUTPTNT		436	15 , 079.98	34.59	.563	98.56		19.48
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
TCF DD	0	\cap	0.0	0.0	000	0.0		0.0

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DD

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	177	497 \$	7,717.45		.642		\$ 9.97	
PATHOLOGY	176	494	7,538.95	15.26	.638	42.83	9.74	
XO AND OTHERS	3	3	178.50	59.50	.004	59.50	.23	
@ORGANIZED OUTPATIENT CLINIC	97	250 \$	19,378.29	\$ 77.51	.323	199.78	\$ 25.04	
CLINIC	42	122	5,675.20	46.52	.158	135.12	7.33	
SURGICENTER	1	1	42.50	42.50	.001	42.50	.05	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	59	127	13,660.59	107.56	.164	231.54	17.65	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES N	MONTH-OF-PAYMENT F	REPORT FOR JAN	N 2004 THRU DE	EC 2004	PAGE 17,792	
MOP024	FEE-FOR-SERVICE/DE	ENTAL					03/14/05	
VENTURA COUNTY	SUMMARY OF SERVICE	ES FOR MIA - NO SO	OC - PREGNANT	AID COI	DE 86			
					MON	NTHLY AVERAC	GE	
774 ELIGIBLES	USERS UN	NITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DA	AY PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	79	366 \$	8,117.14	\$ 22.18	.473	102.75	\$ 10.49	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	12	82	1,814.94	22.13	.106	151.25	2.34	
AMBULANCES/AIR TRANS	12	82	1,814.94	22.13	.106	151.25	2.34	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

BLOOD BANK	Ü	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	82	1,814.94	22.13	.106	151.25	2.34
AMBULANCES/AIR TRANS	12	82	1,814.94	22.13	.106	151.25	2.34
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	52	52	5,460.00	105.00	.067	105.00	7.05
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	26	249.13	9.58	.034	24.91	.32
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	6	472.66	78.78	.008	94.53	.61
PROSTHETICS	4	5	383.66	76.73	.006	95.92	.50
ORTHOTICS	1	1	89.00	89.00	.001	89.00	.11
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	200	120.41	.60	.258	120.41	.16
@CALIF. CHILDREN SERVICES*	4	14	\$ 11,843.45	\$ 845.96	.018	\$ 2960.86	\$ 15.30
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

							MC	NTHLY AVERA	AGE	
774 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERA	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Ε		PER U	JNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	959	6,016	\$	490,630.36	\$	81.55	7.773	\$ 511.61	\$	633.89
@PHYSICIANS SERVICES	350	1,215	\$	82,465.49	\$	67.87	1.570	\$ 235.62	\$	106.54

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,793 FEE-FOR-SERVICE/DENTAL 03/14/05 MOP024 VENTURA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

OUTPATIENT VISITS	121	284		11,167.90	39.32	.367	92.30		14.43
OFFICE VISITS	42	49		2,272.77	46.38	.063	54.11		2.94
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	38	43		2,648.27	61.59	.056	69.69		3.42
PREVENTIVE CARE	1	1		68.73	68.73	.001	68.73		.09
OB VISITS/COMPRE PERI	50	188		6,020.45	32.02	.243	120.41		7.78
OTHER OUTPATIENT	3	3		157.68	52.56	.004	52.56		.20
INPATIENT VISITS	64	138		8,313.60	60.24	.178	129.90		10.74
HOSPITAL VISITS	59	115		5,143.35	44.72	.149	87.18		6.65
CRITICAL CARE	6	23		3,170.25	137.84	.030	528.38		4.10
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		49.78	49.78	.001	49.78		.06
EXAMINATIONS	1	1		49.78	49.78	.001	49.78		.06
	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	•								
INPATIENT HOSPITAL SURGERY	87	302		46,299.67	153.31	.390	532.18		59.82
PRINCIPAL SURGEON	59	62		38,845.05	626.53	.080	658.39		50.19
ASSISTANT SURGEON	6	6		1,119.00	186.50	.008	186.50		1.45
ANESTHESIOLOGIST	33	234		6,335.62	27.08	.302	191.99		8.19
OUTPATIENT SURGERY	34	60		5,093.60	84.89	.078	149.81		6.58
PRINCIPAL SURGEON	29	35		4,305.54	123.02	.045	148.47		5.56
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	13	25		788.06	31.52	.032	60.62		1.02
	0								
DIALYSIS	-	0		.00	.00	.000	.00		.00
PATHOLOGY	67	235		2,481.17	10.56	.304	37.03		3.21
RADIOLOGY	116	143		7,335.97	51.30	.185	63.24		9.48
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	8	14		166.69	11.91	.018	20.84		.22
OTHER SERVICES/ALL X-OVERS	31	38		1,557.11	40.98	.049	50.23		2.01
@PHARMACY	268	916	\$	13,778.38	\$ 15.04	1.183		Ś	
PRESCRIPTION DRUGS	261	569	-	11,478.53	20.17	.735	43.98	т.	14.83
SNF/ICF	0	0		.00	.00	.000	.00		.00
	•								
OUTPATIENTS	261	569		11,478.53	20.17	.735	43.98		14.83
MEDICAL SUPPLIES	18	347		2,299.85	6.63	.448	127.77		2.97
@DENTIST	24	92	\$	3 , 622.75		.119		\$	4.68
VISITS - DIAGNOSTIC	22	57		1,199.75	21.05	.074	54.53		1.55
ORAL SURGERY	3	3		255.00	85.00	.004	85.00		.33
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	2	2		55.00	27.50	.003	27.50		.07
	1	1							
ENDODONTICS	1			330.00	330.00	.001	330.00		.43
RESTORATIVE DENTISTRY	9	29		1,783.00	61.48	.037	198.11		2.30
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00		.00		.00
			DEC					_	
#CALIF DEPT OF HEALTH SERV		a contract of the contract of	スピン	MONIH-OF-PAIMENT R	EPOKT FOR JAN	ZUU4 THKU I	DEC 2004	F	PAGE 17,794
MOP024	FEE-FOR-SERVICE								03/14/05
VENTURA COUNTY	SUMMARY OF SERV	/ICES FOR MIA -	NO S	OC - TOTAL					
						MC	ONTHLY AVERA	ΔGE	
774 ELIGIBLES	USERS	UNITS OF SERVIC	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	14	35	\$	861.22	\$ 24.61	.045	\$ 61.52	\$	1.11
DIAGNOSTIC AND ANC. PROCED	12	12		545.37	45.45				.70
	± =			5 10 . 5 /	10.10	•010	10.10		• . •

EYE APPLIANCES	8	23	315.85	13.73	.030	39.48	.41
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.001	\$ 16.72	\$.02
VISITS	1	1	16.72	16.72	.001	16.72	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 114.40	\$ 57.20	.003	\$ 57.20	\$.15
MEDICINE/INJECTIONS	2	2	114.40	57.20	.003	57.20	.15
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.003	\$ 104.99	\$.14
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	2	\$ 91.11	\$ 45.56	.003	\$ 45.56	\$.12
PEDIATRIC NURSE PRACTITIONER	2	3	\$ 163.65	\$ 54.55	.004	\$ 81.83	\$.21
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	498	2,635	\$ 354,198.77	\$ 134.42	3.404	\$ 711.24	\$ 457.62
HOSP INPATIENT TOTAL	76	232	273,109.12	1177.19	.300	3593.54	352.85
HSC HOSPITALS	75	230	270,551.00	1176.31	.297	3607.35	349.55
NON-HSC HOSPITAL TOTAL	1	2	2,558.12	1279.06	.003	2558.12	3.31
ACCOMMODATIONS	1	2	905.20	452.60	.003	905.20	1.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	905.20	452.60	.003	905.20	1.17
ANCILLARIES	1	0	1,652.92	.00	.000	1652.92	2.14
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	455	2,403	81,089.65	33.75	3.105	178.22	104.77
MEDICAL	104	153	7,057.54	46.13	.198	67.86	9.12
SURGERY	34	42	1,608.83	38.31	.054	47.32	2.08
PATHOLOGY	173	643	7,359.38	11.45	.831	42.54	9.51
RADIOLOGY	84	101	8,365.12	82.82	.130	99.58	10.81
ROOM USE	342	573	21,149.19	36.91	.740	61.84	27.32

CROSSOVERS/ALL OTH OUTPTNT	299	891		35,549.59	39.90	1.151	118.89		45.93
@COUNTY HOSPITAL TOTAL	249	1,278	\$	190,262.25	\$ 148.88	1.651 \$	764.11	\$	245.82
CO HOSPITAL INPATIENT TOTAL	31	111		146,830.30	1322.80	.143	4736.46		189.70
HSC HOSPITALS	31	111		146,830.30	1322.80	.143	4736.46		189.70
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	235	1,167		43,431.95	37.22	1.508	184.82		56.11
MEDICAL	68	84		3,129.17	37.25	.109	46.02		4.04
SURGERY	10	11		514.89	46.81	.014	51.49		.67
PATHOLOGY	74	250		3,455.24	13.82	.323	46.69		4.46
RADIOLOGY	27	30		3,390.70	113.02	.039	125.58		4.38
ROOM USE	206	337		12,472.34	37.01	.435	60.55		16.11
CROSSOVERS/ALL OTH OUTPTNT	151	455		20,469.61	44.99	.588	135.56		26.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MO	NTH-OF-PAYMENT REPO	ORT FOR JAN	2004 THRU DE	C 2004	PAG	GE 17 , 795
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	MIA -	NO SOC	- TOTAL					

VENTORA COUNTI	SOMMART OF SER	VICES FOR MIA NO 50	C TOTAL		1401		GE
774 FITCIDIES	HOEDO	INTEG OF CEDITOR	EXPENDIMINE	ATTEDACE COCH	MON		_
774 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
	274		162 026 52		PER ELIG		
@COMMUNITY HOSPITAL TOTAL	274 45	1,357 \$	163,936.52	\$ 120.81 1043.63	1.753		\$ 211.80 163.15
COMM HOSP INPATIENT TOTAL		121	126,278.82		.156	2806.20	
HSC HOSPITALS	44	119	123,720.70	1039.67	.154	2811.83	159.85
NON-HSC HOSPITALS TOTAL	1	2	2,558.12	1279.06	.003	2558.12	3.31
ACCOMMODATIONS	1	2	905.20	452.60	.003	905.20	1.17
ADMINISTRATIVE DAYS	0	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	905.20	452.60	.003	905.20	1.17
ANCILLARIES	1	U	1,652.92	.00	.000	1652.92	2.14
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	243	1,236	37,657.70	30.47	1.597	154.97	48.65
MEDICAL	44	69	3,928.37	56.93	.089	89.28	5.08
SURGERY	25	31	1,093.94	35.29	.040	43.76	1.41
PATHOLOGY	103	393	3,904.14	9.93	.508	37.90	5.04
RADIOLOGY	57	71	4,974.42	70.06	.092	87.27	6.43
ROOM USE	152	236	8,676.85	36.77	.305	57.08	11.21
CROSSOVERS/ALL OTH OUTPTNT		436	15 , 079.98	34.59	.563	98.56	19.48
@STATE HOSPITAL	0	0 \$.00	\$.00	.000		·
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000		·
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	177	497	\$	7,717.45	\$	15.53	.642	\$	43.60	\$	9.97
PATHOLOGY	176	494		7 , 538.95	i	15.26	.638		42.83		9.74
XO AND OTHERS	3	3		178.50		59.50	.004		59.50		.23
@ORGANIZED OUTPATIENT CLINIC	97	250	\$	19,378.29	\$	77.51	.323	\$	199.78	\$	25.04
CLINIC	42	122		5,675.20		46.52	.158		135.12		7.33
SURGICENTER	1	1		42.50		42.50	.001		42.50		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	59	127		13,660.59)	107.56	.164		231.54		17.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITUR	ES M	MONTH-OF-PAYMENT	REPOR'	I FOR JAN	2004 THRU	DEC	2004	PI	AGE 17,796
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR MIA - N	O SC	OC - TOTAL							

----- MONTHLY AVERAGE -----774 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 79 366 8,117.14 22.18 .473 \$ 102.75 \$ 10.49 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .000 .00 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 12 1,814.94 22.13 .106 151.25 2.34 22.13 151.25 AMBULANCES/AIR TRANS 1,814.94 .106 2.34 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 GENETIC DISEASE TESTING 5,460.00 105.00 .067 105.00 7.05 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 10 249.13 9.58 OPTICIAN .034 24.91 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 78.78 94.53 PROSTHETIST/ORTHOTISTS 472.66 .008 383.66 76.73 .006 95.92 .50 PROSTHETICS ORTHOTICS 89.00 89.00 .001 89.00 .11 .00 .00 .00 PSYCHOLOGIST .000 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .000 .00 ALL OTHER PROVIDERS 200 120.41 .60 .16 .258 120.41 @CALIF. CHILDREN SERVICES* 11,843.45 845.96 .018 \$ 2960.86 \$ 15.30 .00 \$ @XOVER EXCLUDING STATE HOSP** .00 .00 .000 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

VENTURA COUNTY	SUMMARY OF SERV	/ICES FOR MIA - SOC - 1	LTC	AID CODE	53		
					MON	THLY AVERA	GE
77 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	114	2,549 \$	334,311.23	\$ 131.15	33.104 \$	2932.55	\$ 4341.70
@PHYSICIANS SERVICES	43	87 \$	2,564.04	\$ 29.47	1.130 \$		
OUTPATIENT VISITS	6	7	422.21	60.32	.091	70.37	5.48
OFFICE VISITS	3	3	93.10	31.03	.039	31.03	1.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	Δ	329.11	82.28	.052	109.70	4.27
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
	31	48					
INPATIENT VISITS	0	0	1,544.98	32.19	.623	49.84	20.06
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	•	~	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	31	48	1,544.98	32.19	.623	49.84	20.06
OPHTHALMOLOGICAL SERVICES	1	2	87.90	43.95	.026	87.90	1.14
EXAMINATIONS	1	2	87.90	43.95	.026	87.90	1.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	7	10.40	1.49	.091	10.40	.14
RADIOLOGY	8	15	221.50	14.77	.195	27.69	2.88
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	8	277.05	34.63	.104	69.26	3.60
@PHARMACY	60	378 \$	22,485.87	\$ 59.49	4.909 \$		
-	58	370	21,966.92	59.49	4.805	378.74	285.28
PRESCRIPTION DRUGS	50 52		-				
SNF/ICF		328	17,037.37	51.94	4.260	327.64	221.26
OUTPATIENTS	8	42	4,929.55	117.37	.545	616.19	64.02
MEDICAL SUPPLIES	3	8	518.95	64.87	.104	172.98	6.74
@DENTIST	13	75 \$	4,305.00	\$ 57.40	.974 \$		
VISITS - DIAGNOSTIC	11	50	820.00	16.40	.649	74.55	10.65
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	400.00	200.00	.026	200.00	5.19
ENDODONTICS	1	3	690.00	230.00	.039	690.00	8.96
RESTORATIVE DENTISTRY	3	17	1,495.00	87.94	.221	498.33	19.42
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.026	900.00	11.69
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.013	.00	.00
#CALIF DEPT OF HEALTH SERV	-	CES AND EXPENDITURES MON					PAGE 17,798
MODO24	FEE-FOD-CEDUICE		ATT. OT TATIBILITY	LIOINI LOIN OAIN	LUUI IIINU DE	0 2001	02/11/05

----- MONTHLY AVERAGE -----

77 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	ΔVF	ERAGE COST			OST PER	GE	COST PER
,, 551015550	ODLING	OR DAYS OF CAR				R UNIT/DAY		,	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	·	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$		\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	11.00	\$	11.00	.013	\$	11.00	\$.14
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	1	1		11.00		11.00	.013		11.00		.14
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	7	\$	510.65	\$	72.95	.091	\$	510.65	\$	6.63
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	11	50	\$	1,885.50	\$	37.71	.649	\$	171.41	\$	24.49
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11	50		1,885.50		37.71	.649		171.41		24.49
MEDICAL	7	10		319.75		31.98	.130		45.68		4.15
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	18		179.30		9.96	.234		59.77		2.33
RADIOLOGY	5	8		309.63		38.70	.104		61.93		4.02
ROOM USE	8	9		315.21		35.02	.117		39.40		4.09
CROSSOVERS/ALL OTH OUTPTNT	4	5		761.61	_	152.32	.065		190.40		9.89
@COUNTY HOSPITAL TOTAL	8	16	\$	1,165.20	\$	72.83	.208	Ş		\$	15.13
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	O .	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	16		.00		.00 72.83	.000 .208		.00 145.65		.00 15.13
	0	6		1,165.20 227.94		37.99					
MEDICAL	0	0					.078		45.59		2.96
SURGERY PATHOLOGY	1	υ 2		.00 22.59		.00 11.30	.026		.00 22.59		.00 .29
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	5	6		214.36		35.73	.078		42.87		2.78
MOOFI OOE	J	O		214.30		55.75	.070		72.0/		2.10

MOP024

CROSSOVERS/ALL OTH OUTPTNT 2 2 2 700.31 350.16 .026 350.16 9.09 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,799 FEE-FOR-SERVICE/DENTAL

VENTURA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

03/14/05

					MC	NTHLY AVERA	GE
77 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	34 \$	720.30	\$ 21.19	.442	\$ 144.06	\$ 9.35
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	34	720.30	21.19	.442	144.06	9.35
MEDICAL	4	4	91.81	22.95	.052	22.95	1.19
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	16	156.71	9.79	.208	78.36	2.04
RADIOLOGY	5	8	309.63	38.70	.104	61.93	4.02
ROOM USE	3	3	100.85	33.62	.039	33.62	1.31
CROSSOVERS/ALL OTH OUTPTNT	2	3	61.30	20.43	.039	30.65	.80
@STATE HOSPITAL	7	214 \$	142,547.99	\$ 666.11		\$ 20364.00	\$ 1851.27
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	214	142,547.99	666.11	2.779	20364.00	1851.27
@NURSING FACILITY	31	1,382 \$	153,213.04	\$ 110.86		\$ 4942.36	\$ 1989.78
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	31	1,382		153,213.04		110.86	17.948		4942.36		1989.78
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	42.61	\$	21.31	.026	\$	42.61	\$.55
HOSPITAL BASED	1	2		42.61		21.31	.026		42.61		.55
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	21	125	\$	1,144.31	\$	9.15	1.623	\$	54.49	\$	14.86
PATHOLOGY	21	125		1,144.31		9.15	1.623		54.49		14.86
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	336.16	\$	168.08	.026	\$	168.08	\$	4.37
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	2		336.16		168.08	.026		168.08		4.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONT	H-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 17,800
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	MIA - SC	C - LT	C		AID COD					
							M	ONT	HLY AVERA	GE.	

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 77 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 226 \$ 5,265.06 \$ 23.30 2.935 \$ 329.07 \$ 68.38 16 1 287.70 13.70 287.70 DURABLE MED. EQUIP. 21 .273 3.74 .00 .00 BLOOD BANK 0 .00 .00 .000 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 9.29 137.70 MEDICAL TRANSPORTATION 11 163 1,514.68 2.117 19.67 184.33 1,290.28 AMBULANCES/AIR TRANS 91 14.18 1.182 16.76 .935 56.10 OTHER TRANS 224.40 3.12 .00 .00 .00 .000 OTHER SERVICES ACUPUNCTURE 0 .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING .000 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 .00 .00 .00 OPTICIAN .000 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00 PORTABLE X-RAY 19 597.38 31.44 .247 99.56 7.76 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 PROSTHETICS .00 .00 .000 .00 .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY 0 .00 .00 .000 .00 .00 HOSPICE SERVICES 23 2,865.30 124.58 .299 2865.30 37.21 .00 NONINST BIRTHING CENTERS .00 .00 .000 LOCAL EDUCATION AGENCIES .00 .00 .00 .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .000 RESPIRATORY CARE PRACT. 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 0 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,801 MOP024 FEE-FOR-SERVICE/DENTAL

VENTURA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

VENTURA COUNTY	SUMMARY OF SERV	ICES FOR MIA - S	oc .	- PREGNANT		AID CODE					
							MO				
19 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	(COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	21	69	\$	7,815.41	\$	113.27	3.632	\$	372.16	\$	411.34
@PHYSICIANS SERVICES	9	22	\$	1,460.30	\$	66.38	1.158	\$	162.26	\$	76.86
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	3	5		220.93		44.19	.263		73.64		11.63
	3	5		220.93			.263		73.64		11.63
HOSPITAL VISITS	3	5				44.19					
CRITICAL CARE	U	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	U	U		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	14		934.38		66.74	.737		311.46		49.18
PRINCIPAL SURGEON	1	1		544.28		544.28	.053		544.28		28.65
ASSISTANT SURGEON	1	1		91.21		91.21	.053		91.21		4.80
ANESTHESIOLOGIST	1	12		298.89		24.91	.632		298.89		15.73
OUTPATIENT SURGERY	1	1		210.72		210.72	.053		210.72		11.09
PRINCIPAL SURGEON	1	1		210.72		210.72	.053		210.72		11.09
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	2		94.27		47.14	.105		47.14		4.96
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	4	6	\$	1,132.24	\$	188.71		\$	283.06	Ś	59.59
PRESCRIPTION DRUGS	Δ	6	Υ	1,132.24	۲	188.71	.316	۲	283.06	Ψ	59.59
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	Δ Λ	6		1,132.24		188.71	.316		283.06		59.59
MEDICAL SUPPLIES	4	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$		Ś	.00		Ś	.00	Ś	.00
•	0	0	Ş	.00	Ş			Þ		Ş	
VISITS - DIAGNOSTIC	U	0		.00		.00	.000		.00		.00
ORAL SURGERY	U	•		.00		.00	.000		.00		.00
DRUGS	Ü	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00

.00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .000 .00 .00 0 0 FRACTURES, DISLOCATIONS .00 .00 .000 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,802

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
VENTURA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

VENTORA COUNTI	SOMMANI OF SERV	/ICES FOR	MIA 5	OC	FREGNANI		AID CODE	MO		III V 717007	CE.	
19 ELIGIBLES	USERS	UNITS OF	CEDUTCE		EXPENDITURES	70 7 7 77	RAGE COST			HLI AVERA COST PER	GĽ	COST PER
13 FFIGIPIES	USEKS		-		EXPENDITURES			/	5	USER		
@OPTOMETRIST	1	OR DAIS	OF CARE	\$	42.85	PER S	UNIT/DAY 14.28	.158	ċ	42.85	\$	ELIGIBLE 2.26
-	0		0	Ş		Ş		.000	Ą	.00	Ą	
DIAGNOSTIC AND ANC. PROCED	1		3		.00		.00	.158		42.85		.00
EYE APPLIANCES	0		0		42.85		14.28					2.26
OTHER OPTOMETRIC SERVICES	0		0	ċ	.00	ċ	.00	.000	Ċ	.00	Ś	.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Þ	.00	Þ	.00
VISITS	0				.00		.00	.000		.00		.00
OTHER SERVICES	0		0	s	.00	Ċ	.00	.000	<u>_</u>	.00	Ċ	.00
@PODIATRIST	•		-	Ş	.00	\$.00	.000	Þ	.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER			0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9		32	\$	4,750.74	\$	148.46	1.684	\$	527.86	\$	250.04
HOSP INPATIENT TOTAL	4		7		4,100.03		585.72	.368		1025.01		215.79
HSC HOSPITALS	4		7		4,100.03		585.72	.368		1025.01		215.79
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5		25		650.71		26.03	1.316		130.14		34.25
MEDICAL	2		3		61.68		20.56	.158		30.84		3.25
SURGERY	2		2		153.12		76.56	.105		76.56		8.06
PATHOLOGY	1		9		33.81		3.76	.474		33.81		1.78
RADIOLOGY	1		1		13.67		13.67	.053		13.67		.72
ROOM USE	4		6		272.78		45.46	.316		68.20		14.36
CROSSOVERS/ALL OTH OUTPTNT	2		4		115.65		28.91	.211		57.83		6.09
@COUNTY HOSPITAL TOTAL	7		28	\$	650.71	\$	23.24	1.474	\$	92.96	\$	34.25
CO HOSPITAL INPATIENT TOTAL	2		3		.00		.00	.158		.00		.00
HSC HOSPITALS	2		3		.00		.00	.158		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		Ō		.00		.00	.000		.00		.00
ANCILLARIES	0		Ö		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ő		0		.00		.00	.000		.00		.00
	ŭ		•		. 3 0					• • • •		• • •

CO HOSP OUTPATIENT TOTAL	5	25	650.71	26.03	1.316	130.14	34.25
MEDICAL	2	3	61.68	20.56	.158	30.84	3.25
SURGERY	2	2	153.12	76.56	.105	76.56	8.06
PATHOLOGY	1	9	33.81	3.76	.474	33.81	1.78
RADIOLOGY	1	1	13.67	13.67	.053	13.67	.72
ROOM USE	4	6	272.78	45.46	.316	68.20	14.36
CROSSOVERS/ALL OTH OUTPTNT	2	4	115.65	28.91	.211	57.83	6.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	C 2004	PAGE 17,803
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FO	R MIA - SOC	- PREGNANT	AID CODE	87		

								M	ONT	HLY AVERA	GE.	
19 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2		4	\$	4,100.03	\$ 1	1025.01	.211	\$	2050.02	\$	215.79
COMM HOSP INPATIENT TOTAL	2		4		4,100.03		1025.01	.211		2050.02		215.79
HSC HOSPITALS	2		4		4,100.03		1025.01	.211		2050.02		215.79
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		Ö		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		Ö		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	S	.00		\$.00	Ś	.00
MENTALLY ILL	0		0	Ψ	.00	Y	.00	.000	۲	.00	~	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	Y	.00	Y	.00	.000	٧	.00	Y	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	Ś	.00		\$.00	\$.00
ICF DDH	0		0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	Ś	.00		Ś	.00	Ś	.00
HOSPITAL BASED	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00		\$.00	\$.00
	0		-	Ą		Ą			Ą		Ą	
PATHOLOGY	U		0		.00		.00	.000		.00		.00
XO AND OTHERS	U		-	Ċ		Ċ	.00		ċ	.00	Ċ	.00
@ORGANIZED OUTPATIENT CLINIC	2		4 0	\$	411.40	\$	102.85	.211	\$	205.70	\$	21.65
CLINIC	U		U		.00		.00	.000		.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	4	411.40	102.85	.211	205.70	21.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DE	C 2004	PAGE 17,804
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- PREGNANT	AID CODE 87			

					MON	THLY AVERAG	GE
19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	2 \$	17.88	\$ 8.94	.105 \$	17.88	\$.94
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	17.88	8.94	.105	17.88	.94
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,805
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

VENTURA COUNTY	SUMMARY OF SER	VICES FOR MIA -	SOC -	TOTAL					
							NTHLY AVERA		
96 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	135	2,618	\$	342,126.64	\$ 130.68	27.271			3563.82
@PHYSICIANS SERVICES	52	109	\$	4,024.34	\$ 36.92	1.135		\$	41.92
OUTPATIENT VISITS	6	7		422.21	60.32	.073	70.37		4.40
OFFICE VISITS	3	3		93.10	31.03	.031	31.03		.97
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	3	4		329.11	82.28	.042	109.70		3.43
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	34	53		1,765.91	33.32	.552	51.94		18.39
HOSPITAL VISITS	3	5		220.93	44.19	.052	73.64		2.30
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	31	48		1,544.98	32.19	.500	49.84		16.09
OPHTHALMOLOGICAL SERVICES	1	2		87.90	43.95	.021	87.90		.92
EXAMINATIONS	1	2		87.90	43.95	.021	87.90		.92
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	3	14		934.38	66.74	.146	311.46		9.73
PRINCIPAL SURGEON	1	1		544.28	544.28	.010	544.28		5.67
ASSISTANT SURGEON	1	1		91.21	91.21	.010	91.21		.95
ANESTHESIOLOGIST	1	12		298.89	24.91	.125	298.89		3.11
OUTPATIENT SURGERY	1	1		210.72	210.72	.010	210.72		2.20
PRINCIPAL SURGEON	1	1		210.72	210.72	.010	210.72		2.20
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	7		10.40	1.49	.073	10.40		.11
RADIOLOGY	10	17		315.77	18.57	.177	31.58		3.29
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	4	8		277.05	34.63	.083	69.26		2.89
@PHARMACY	64	384	\$	23,618.11	\$ 61.51	4.000		Ś	246.02
PRESCRIPTION DRUGS	62	376	Y	23,099.16	61.43	3.917	372.57	٧	240.62
SNF/ICF	52	328		17,037.37	51.94	3.417	327.64		177.47
OUTPATIENTS	12	48		6,061.79	126.29	.500	505.15		63.14
MEDICAL SUPPLIES	3	8		518.95	64.87	.083	172.98		5.41
@DENTIST	13	75	S	4,305.00	\$ 57.40	.781		Ś	44.84
VISITS - DIAGNOSTIC	11	50	Y	820.00	16.40	.521	74.55	Y	8.54
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ANESTHESIA	U	U		.00	.00	.000	.00		.00

PERIODONTICS	2	2	400.00	200.00	.021	200.00	4.17
ENDODONTICS	1	3	690.00	230.00	.031	690.00	7.19
RESTORATIVE DENTISTRY	3	17	1,495.00	87.94	.177	498.33	15.57
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.021	900.00	9.38
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.010	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 17,806
MOP024	FEE-FOR-SERVICE/DENTA	AL.					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- TOTAL				

----- MONTHLY AVERAGE -----EXPENDITURES 96 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 1 3 42.85 14.28 .031 \$ 42.85 \$.45 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 42.85 EYE APPLIANCES 3 14.28 .031 42.85 . 45 0 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 @CHIROPRACTOR .00 .00 .000 \$.00 \$.00 .00 VISITS .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 1 11.00 11.00 .010 11.00 @PODIATRIST .11 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 11.00 11.00 SURGERY/ANES. 11.00 .010 .11 RADIO./PATHOLOGY .00 .00 .000 . 00 .00 0 .00 OTHER .00 .00 .000 .00 510.65 510.65 @HOME HEALTH AGENCY 72.95 .073 NURSE ANESTHESIST .00 .00 .000 .00 .00 0 .00 .000 .00 NURSE MIDWIFE .00 .00 0 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .000 .00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL 6,636.24 80.93 .854 331.81 69.13 7 .073 1025.01 4,100.03 585.72 42.71 HOSP INPATIENT TOTAL HSC HOSPITALS 7 4,100.03 585.72 .073 1025.01 42.71 0 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 ANCILLARIES .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 75 2,536.21 HOSP OUTPATIENT TOTAL 16 33.82 .781 158.51 26.42 9 13 MEDICAL 381.43 29.34 .135 42.38 3.97 SURGERY 2 153.12 76.56 .021 76.56 1.60 27 213.11 7.89 .281 53.28 PATHOLOGY 2.22 RADIOLOGY 6 9 323.30 35.92 .094 53.88 3.37 15 39.20 49.00 ROOM USE 587.99 .156 6.12 6 9 877.26 97.47 .094 146.21 CROSSOVERS/ALL OTH OUTPTNT 9.14 @COUNTY HOSPITAL TOTAL 1,815.91 41.27 .458 121.06 18.92 .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .031 .00 .00 .00 HSC HOSPITALS .00 .031 .00 0 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	41	1,815.91	44.29	.427	139.69	18.92
MEDICAL	7	9	289.62	32.18	.094	41.37	3.02
SURGERY	2	2	153.12	76.56	.021	76.56	1.60
PATHOLOGY	2	11	56.40	5.13	.115	28.20	.59
RADIOLOGY	1	1	13.67	13.67	.010	13.67	.14
ROOM USE	9	12	487.14	40.60	.125	54.13	5.07
CROSSOVERS/ALL OTH OUTPINT	4	6	815.96	135.99	.063	203.99	8.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 17,807
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
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VENTURA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

----- MONTHLY AVERAGE -----96 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,820.33 38 \$ 126.85 .396 \$ 688.62 \$ 50.21 @COMMUNITY HOSPITAL TOTAL 42.71 COMM HOSP INPATIENT TOTAL 4,100.03 1025.01 .042 2050.02 1025.01 2050.02 42.71 HSC HOSPITALS 4,100.03 .042 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .00 .000 .00 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS .000 .00 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00 34 720.30 144.06 COMM HOSP OUTPATIENT TOTAL 21.19 .354 7.50 91.81 22.95 22.95 MEDICAL .042 SURGERY 0 .00 .00 .000 .00 .00 .167 PATHOLOGY 16 156.71 9.79 78.36 1.63 8 .083 309.63 38.70 61.93 RADIOLOGY ROOM USE 3 100.85 33.62 .031 33.62 1.05 CROSSOVERS/ALL OTH OUTPTNT 3 61.30 20.43 .031 30.65 . 64 214 142,547.99 666.11 2.229 \$ 20364.00 \$ 1484.87 @STATE HOSPITAL 0 .00 .00 .000 .00 .00 MENTALLY ILL 142,547.99 2.229 DEVELOP. DISABLED 214 666.11 20364.00 1484.87 1,382 153,213.04 110.86 14.396 \$ 4942.36 \$ 1595.97 @NURSING FACILITY 0 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 0 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .000 .00 Ω .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 . 00 1,382 153,213.04 110.86 14.396 4942.36 1595.97 LEV B-REGULAR 0 .00 .000 \$.00 \$ @INTERMEDIATE CARE FACIL.-DD .00 .00 ICF DDH Ω .00 .00 .000 .00 . 00 .00 .00 ICF DD .00 .000 .00 .00 .00 .00 ICF DDN/DDCN .000 .00 .000 \$ @HEMODIALYSIS TOTAL .00 .00 .00 \$. 00 .00 .00 .00 .000 HOSPITAL BASED 0 .00 .00 HEMODIALYSIS CENTER .00 .000 .00 42.61 .021 \$ 42.61 \$ @REHABILITATION FACILITY 21.31 . 44 HOSPITAL BASED 42.61 21.31 .021 42.61 .44

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	21	125	\$	1,144.31	\$	9.15	1.302	\$	54.49	\$	11.92
PATHOLOGY	21	125		1,144.31		9.15	1.302		54.49		11.92
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	6	\$	747.56	\$	124.59	.063	\$	186.89	\$	7.79
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	6		747.56		124.59	.063		186.89		7.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUE	RES 1	MONTH-OF-PAYMENT R	EPORT	' FOR JAN	2004 THRU	DEC	2004	P	AGE 17,808
MOP024	FEE-FOR-SERVICE/DENTA	ΔL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES E	OR MIA - S	SOC -	- TOTAL							
							M	ONTI	HLY AVERA	GE ·	

					MOI	NIHLY AVERA	GE
96 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17	228 \$	5,282.94	\$ 23.17	2.375	\$ 310.76	\$ 55.03
DURABLE MED. EQUIP.	1	21	287.70	13.70	.219	287.70	3.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	163	1,514.68	9.29	1.698	137.70	15.78
AMBULANCES/AIR TRANS	7	91	1,290.28	14.18	.948	184.33	13.44
OTHER TRANS	4	72	224.40	3.12	.750	56.10	2.34
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	17.88	8.94	.021	17.88	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	6	19	597.38	31.44	.198	99.56	6.22
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	23	2,865.30	124.58	.240	2865.30	29.85
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,809
MOP024 FEE-FOR-SERVICE/DENTAL
VENTURA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

							MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Ε		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 17,810
MOP024	FEE-FOR-SERVICE/DENT.	AL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR FOR FUTURE	USE				
					N	MONTHLY AVERAG	GE

						MC	VA YLHTNO	ERAC	ΞE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST E	ER		COST PER
		OR DAYS OF CARE	1		PER UNIT/DA	Y PER ELIG	USEF			ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.	00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000		00		.00
EYE APPLIANCES	0	0		.00	.00	.000		00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.	00	\$.00
VISITS	0	0		.00	.00	.000		00		.00
OTHER SERVICES	0	0		.00	.00	.000		00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.	00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		00		.00
SURGERY/ANES.	0	0		.00	.00	.000		00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		00		.00
OTHER	0	0		.00	.00	.000		00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.	00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.	00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.	00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.	00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.	00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.	00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000		00		.00
HSC HOSPITALS	0	0		.00	.00	.000		00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000		00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		00		.00
ANCILLARIES	0	0		.00	.00	.000		00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		00		.00
MEDICAL	0	0		.00	.00	.000		00		.00
SURGERY	0	0		.00	.00	.000		00		.00
PATHOLOGY	0	0		.00	.00	.000		00		.00
RADIOLOGY	0	0		.00	.00	.000		00		.00
ROOM USE	0	0		.00	.00	.000		00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 2	2004 THRU D	EC 2004	PAGE 17,811
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	FOR FUTURE	USE				

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL \$ 0 0 .00 .00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 .00 .00 NON-HSC HOSPITALS TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS ALL OTHER INPATIENT .00 .00 .000 .00 .00 .00 COMM HOSP OUTPATIENT TOTAL 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 MEDICAL SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 RADIOLOGY 0 ROOM USE .00 .00 .000 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 0 .00 \$ @STATE HOSPITAL .00 .00 .000 \$.00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 .00 .00 .000 \$.00 \$.00 @NURSING FACILITY 0 .00 .00 LEV A-INTERMEDIATE .00 .000 .00 LEV B-REHAB MD Ω .00 .00 .000 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 . 00 .00 .00 .000 .00 .00 LEV B-REGULAR 0 0 .00 .00 \$ @INTERMEDIATE CARE FACIL.-DD .00 .000 \$.00 .00 0 0 .00 ICF DDH .00 .000 .00 ICF DD .00 .00 .000 .00 .00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES MONTH-	OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU	DEC	2004	PAC	GE 17,812
MOP024	FEE-FOR-SERVICE/DENT	'AL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR FOR FUT	URE USE								

							1.1	ONTINE TIVETO	ш	
00 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDIT	URES	AVERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CAR	E			PER UNIT/DAY				ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0			.00	.00	.000	.00		.00
BLOOD BANK	0	0			.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0			.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0			.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0			.00	.00	.000	.00		.00
OTHER TRANS	0	0			.00	.00	.000	.00		.00
OTHER SERVICES	0	0			.00	.00	.000	.00		.00
ACUPUNCTURE	0	0			.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0			.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00		.00
OPTICIAN	0	0			.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0			.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00	.00	.000	.00		.00
PROSTHETICS	0	0			.00	.00	.000	.00		.00
ORTHOTICS	0	0			.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0			.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0			.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0			.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0			.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
A* TOTALS IN THESE LINES ARE CIT	JEN AS A SEDARAT	F THEORMATION	ттгм	ONT.V.						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MONT	HLY AVERAG	E
870 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,094 402	8,634 \$	832 , 757.00	\$ 96.45	9.924 \$	761.20	
@PHYSICIANS SERVICES	402 127	1,324 \$	86,489.83	\$ 65.32	1.522 \$	215.15	\$ 99.41
OUTPATIENT VISITS	127	291	11,590.11	39.83	.334	91.26	13.32
OFFICE VISITS	45	52	2,365.87	45.50	.060	52.57	2.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	41	47	2,977.38	63.35	.054	72.62	3.42
PREVENTIVE CARE	1	1	68.73	68.73	.001	68.73	.08
OB VISITS/COMPRE PERI	50	188	6,020.45	32.02	.216	120.41	6.92
OTHER OUTPATIENT	3	3	157.68	52.56	.003	52.56	.18
INPATIENT VISITS	98	191	10,079.51	52.77	.220	102.85	11.59
HOSPITAL VISITS	62	120	5,364.28	44.70	.138	86.52	6.17
CRITICAL CARE	6	23	3,170.25	137.84	.026	528.38	3.64
SNF/ICF/TRANS IP CARE	31	48	1,544.98	32.19	.055	49.84	1.78
OPHTHALMOLOGICAL SERVICES	2	3	137.68	45.89	.003	68.84	.16
EXAMINATIONS	2	3	137.68	45.89	.003	68.84	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	90	316	47,234.05	149.47	.363	524.82	54.29
PRINCIPAL SURGEON	60	63	39,389.33	625.23	.072	656.49	45.28
ASSISTANT SURGEON	7	7	1,210.21	172.89	.008	172.89	1.39
ANESTHESIOLOGIST	34	246	6,634.51	26.97	.283	195.13	7.63
OUTPATIENT SURGERY	35	61	5,304.32	86.96	.070	151.55	6.10
PRINCIPAL SURGEON	30	36	4,516.26	125.45	.041	150.54	5.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	25	788.06	31.52	.029	60.62	.91
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	68	242	2,491.57	10.30	.278	36.64	2.86
RADIOLOGY	126	160	7,651.74	47.82	.184	60.73	8.80
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	14	166.69	11.91	.016	20.84	.19
OTHER SERVICES/ALL X-OVERS	35	46	1,834.16	39.87	.053	52.40	2.11
@PHARMACY	332	1,300 \$	37,396.49	\$ 28.77	1.494 \$	112.64	
PRESCRIPTION DRUGS	323	945	34,577.69	36.59	1.086	107.05	39.74
SNF/ICF	52	328	17,037.37	51.94	.377	327.64	19.58
OUTPATIENTS	273	617	17,540.32	28.43	.709	64.25	20.16
MEDICAL SUPPLIES	21	355	2,818.80	7.94	.408	134.23	3.24
@DENTIST	37	167 \$	7,927.75	\$ 47.47	.192 \$	214.26	
VISITS - DIAGNOSTIC	33	107	2,019.75	18.88	.123	61.20	2.32
ORAL SURGERY	3	3	255.00	85.00	.003	85.00	.29
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	455.00	113.75	.005	113.75	.52
ENDODONTICS	2	4	1,020.00	255.00	.005	510.00	1.17
RESTORATIVE DENTISTRY	12	46	3,278.00	71.26	.053	273.17	3.77
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.002	900.00	1.03
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	-	CES AND EXPENDITURES MON					PAGE 17,814
MODOSA	FFF-FOD-CFDVIC		· · · · · · · · · · · · · · · · · · ·	TION ION OAN A	-001 TIII(O DE)	, 2001	02/11/05

FEE-FOR-SERVICE/DENTAL

03/14/05

VENTURA COUNTI	SUMMARI OF SER	VICES FOR M	EDICALI	DI TI	NDIGENI - ADOLIS -	- 10.	IAL	1.6			CE	
070 BLIGIBLES	HORDO	IDITED OF C				70 77 77				THLY AVERA	.GĽ	
870 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES		ERAGE COST		-	COST PER		COST PER
0.0000000000000000000000000000000000000	1.5	OR DAYS O		<u> </u>	004 07		R UNIT/DAY	PER ELIG		USER	<u>^</u>	ELIGIBLE
@OPTOMETRIST	15		38	\$	904.07	\$	23.79	.044	Ş	60.27	Ş	1.04
DIAGNOSTIC AND ANC. PROCED	12		12		545.37		45.45	.014		45.45		.63
EYE APPLIANCES	9		26		358.70		13.80	.030		39.86		.41
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	1		1	\$	16.72	\$	16.72	.001	\$	16.72	\$.02
VISITS	1		1		16.72		16.72	.001		16.72		.02
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	3		3	\$	125.40	\$	41.80	.003	\$	41.80	\$.14
MEDICINE/INJECTIONS	2		2		114.40		57.20	.002		57.20		.13
SURGERY/ANES.	1		1		11.00		11.00	.001		11.00		.01
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2		9	\$	615.64	\$	68.40	.010	\$	307.82	\$.71
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2		2	\$	91.11	\$	45.56	.002	\$	45.56	\$.10
PEDIATRIC NURSE PRACTITIONER	2		3	\$	163.65	\$	54.55	.003	\$	81.83	\$.19
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	518	2,	717	\$	360,835.01	\$	132.81	3.123	\$	696.59	\$	414.75
HOSP INPATIENT TOTAL	80		239		277,209.15		1159.87	.275		3465.11		318.63
HSC HOSPITALS	79		237		274,651.03		1158.87	.272		3476.60		315.69
NON-HSC HOSPITAL TOTAL	1		2		2,558.12		1279.06	.002		2558.12		2.94
ACCOMMODATIONS	1		2		905.20		452.60	.002		905.20		1.04
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		2		905.20		452.60	.002		905.20		1.04
ANCILLARIES	1		0		1,652.92		.00	.000		1652.92		1.90
INPATIENT CROSSOVERS	0		Ô		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
1122 01121 1111111111	· ·		•		.00		• • •	.000		.00		.00

HOSP OUTPATIENT TOTAL	471	2,478		83,625.86		33.75	2.848	177.55		96.12
MEDICAL	113	166		7,438.97		44.81	.191	65.83		8.55
SURGERY	36	44		1,761.95		40.04	.051	48.94		2.03
PATHOLOGY	177	670		7,572.49		11.30	.770	42.78		8.70
RADIOLOGY	90	110		8,688.42		78.99	.126	96.54		9.99
ROOM USE	354	588		21,737.18		36.97	.676	61.40		24.99
CROSSOVERS/ALL OTH OUTPINT	305	900		36,426.85		40.47	1.034	119.43		41.87
@COUNTY HOSPITAL TOTAL	264	1,322	\$	192,078.16	\$	145.29	1.520	\$ 727.57	\$	220.78
CO HOSPITAL INPATIENT TOTAL		114		146,830.30		1287.99	.131	4449.40		168.77
HSC HOSPITALS	33	114		146,830.30		1287.99	.131	4449.40		168.77
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	248	1,208		45,247.86		37.46	1.389	182.45		52.01
MEDICAL	75	93		3,418.79		36.76	.107	45.58		3.93
SURGERY	12	13		668.01		51.39	.015	55.67		.77
PATHOLOGY	76	261		3,511.64		13.45	.300	46.21		4.04
RADIOLOGY	28	31		3,404.37		109.82	.036	121.58		3.91
ROOM USE	215	349		12,959.48		37.13	.401	60.28		14.90
CROSSOVERS/ALL OTH OUTPINT		461		21,285.57		46.17	.530	137.33		24.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES I	MONTH-OF-PAYMENT RI	EPOR'	I FOR JAN	2004 THRU	DEC 2004	F	PAGE 17,815
MOP024	FEE-FOR-SERVICE/DENTA									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES I	FOR MEDICAL	LY :	INDIGENT - ADULTS -	- TO	TAL				

VENTURA COUNTI	SUMMAKI OF SEK	AICES FOR MEDICA	ттт т	- CILLOUR - INGENIA	TOTAL				
						MONTHLY AVERAGE			
870 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	281	1 , 395	\$	168,756.85	\$ 120.97	1.603	\$ 600.56	\$	193.97
COMM HOSP INPATIENT TOTAL	47	125		130,378.85	1043.03	.144	2774.02		149.86
HSC HOSPITALS	46	123		127,820.73	1039.19	.141	2778.71		146.92
NON-HSC HOSPITALS TOTAL	1	2		2,558.12	1279.06	.002	2558.12		2.94
ACCOMMODATIONS	1	2		905.20	452.60	.002	905.20		1.04
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	2		905.20	452.60	.002	905.20		1.04
ANCILLARIES	1	0		1,652.92	.00	.000	1652.92		1.90
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	248	1,270		38,378.00	30.22	1.460	154.75		44.11
MEDICAL	48	73		4,020.18	55.07	.084	83.75		4.62
SURGERY	25	31		1,093.94	35.29	.036	43.76		1.26
PATHOLOGY	105	409		4,060.85	9.93	.470	38.67		4.67
RADIOLOGY	62	79		5,284.05	66.89	.091	85.23		6.07
ROOM USE	155	239		8 , 777.70	36.73	.275	56.63		10.09
CROSSOVERS/ALL OTH OUTPINT	155	439		15,141.28	34.49	.505	97.69		17.40
@STATE HOSPITAL	7	214	\$	142 , 547.99	\$ 666.11	.246	\$ 20364.00	\$	163.85
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	7	214		142 , 547.99	666.11	.246	20364.00		163.85
@NURSING FACILITY	31	1,382	\$	153,213.04	\$ 110.86	1.589	\$ 4942.36	\$	176.11
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	31	1,382		153,213.04		110.86	1.589		4942.36		176.11
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	42.61	\$	21.31	.002	\$	42.61	\$.05
HOSPITAL BASED	1	2		42.61		21.31	.002		42.61		.05
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	198	622	\$	8,861.76	\$	14.25	.715	\$	44.76	\$	10.19
PATHOLOGY	197	619		8,683.26		14.03	.711		44.08		9.98
XO AND OTHERS	3	3		178.50		59.50	.003		59.50		.21
@ORGANIZED OUTPATIENT CLINIC	101	256	\$	20,125.85	\$	78.62	.294	\$	199.27	\$	23.13
CLINIC	42	122		5 , 675.20		46.52	.140		135.12		6.52
SURGICENTER	1	1		42.50		42.50	.001		42.50		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	63	133		14,408.15		108.33	.153		228.70		16.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 17,816
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	MEDICA:	LLY	INDIGENT - ADULTS	- TOT	AL					

----- MONTHLY AVERAGE -----870 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 22.56 @ALL OTHER PROVIDERS 96 594 \$.683 \$ 139.58 \$ 13,400.08 1 21 287.70 13.70 287.70 DURABLE MED. EQUIP. .024 .33 .00 .00 BLOOD BANK 0 .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 MEDICAL TRANSPORTATION 245 3,329.62 13.59 .282 144.77 3.83 17.95 163.43 AMBULANCES/AIR TRANS 19 173 3,105.22 .199 3.57 OTHER TRANS 4 72 224.40 3.12 .083 56.10 .26 Ο .00 .00 .00 .000 .00 OTHER SERVICES ACUPUNCTURE 0 .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 52 5,460.00 105.00 105.00 6.28 GENETIC DISEASE TESTING .060 .00 0 0 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST 0 .00 .000 .00 .00 267.01 9.54 .032 24.27 .31 OPTICIAN PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00 6 .69 PORTABLE X-RAY 19 597.38 31.44 .022 99.56 94.53 472.66 78.78 .007 PROSTHETIST/ORTHOTISTS PROSTHETICS 383.66 76.73 .006 95.92 .44 ORTHOTICS 89.00 89.00 .001 89.00 .10 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY 0 .00 .00 .000 .00 .00 HOSPICE SERVICES 23 2,865.30 124.58 2865.30 3.29 .026 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .00 .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .60 ALL OTHER PROVIDERS 200 120.41 .230 120.41 .14 @CALIF. CHILDREN SERVICES* 11,843.45 \$ 845.96 .016 \$ 2960.86 \$ 13.61

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

MOP024 FEE-FOR-SERVICE/DENTAL

VENTURA COUNTY SUMMARY OF SERVICES FOR ALL AGED

PAGE 17,817 03/14/05

VENTORA COUNTI	SOMMANT OF SERV	VICES FOR ALL AGED			MON'	TIII X 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CE
115,077 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
113,077 ELIGIBLES	USEKS		EXPENDITURES	PER UNIT/DAY		USER	ELIGIBLE
AMOMAI ALI DROMIDERC	89,356	OR DAYS OF CARE 3,180,184 \$	78,487,832.12		27.635 \$		
@TOTAL, ALL PROVIDERS	15,044			·	.515 \$		
@PHYSICIANS SERVICES							
OUTPATIENT VISITS	1,973	2,782	104,928.07	37.72 33.88	.024	53.18	.91
OFFICE VISITS	1,797	2,517	85,278.52		.022	47.46	.74
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	228	246	19,163.07	77.90	.002	84.05	.17
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	· ·	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	17	19	486.48	25.60	.000	28.62	.00
INPATIENT VISITS	302	1,770	80,331.73	45.39	.015	266.00	.70
HOSPITAL VISITS	254	1,422	61,911.69	43.54	.012	243.75	.54
CRITICAL CARE	34	93	10,755.90	115.65	.001	316.35	.09
SNF/ICF/TRANS IP CARE	50	255	7,664.14	30.06	.002	153.28	.07
OPHTHALMOLOGICAL SERVICES	357	510	21,367.65	41.90	.004	59.85	.19
EXAMINATIONS	355	505	21,186.37	41.95	.004	59.68	.18
SERVICES AND MATERIALS	5	5	181.28	36.26	.000	36.26	.00
INPATIENT HOSPITAL SURGERY	151	1,213	58,618.83	48.33	.011	388.20	.51
PRINCIPAL SURGEON	104	131	42,123.06	321.55	.001	405.03	.37
ASSISTANT SURGEON	13	12	2,359.24	196.60	.000	181.48	.02
ANESTHESIOLOGIST	56	1,070	14,136.53	13.21	.009	252.44	.12
OUTPATIENT SURGERY	319	833	94,502.65	113.45	.007	296.25	.82
PRINCIPAL SURGEON	257	327	82,610.69	252.63	.003	321.44	.72
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	80	506	11,891.96	23.50	.004	148.65	.10
DIALYSIS	56	194	12,733.60	65.64	.002	227.39	.11
PATHOLOGY	517	3 , 909	21,447.77	5.49	.034	41.49	.19
RADIOLOGY	888	2,209	152,314.45	68.95	.019	171.53	1.32
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	99	1,431	32,213.51	22.51	.012	325.39	.28
OTHER SERVICES/ALL X-OVERS	12,507	44,401	694,525.17	15.64	.386	55.53	6.04
@PHARMACY	71,856	1,024,775 \$	23,462,693.64	\$ 22.90	8.905 \$	326.52	\$ 203.89
PRESCRIPTION DRUGS	70,675	311,000	22,900,440.05	73.63	2.703	324.02	199.00
SNF/ICF	10,514	87,974	4,805,875.60	54.63	.764	457.09	41.76
OUTPATIENTS	60,368	223,026	18,094,564.45	81.13	1.938	299.74	157.24
MEDICAL SUPPLIES	6,026	713,775	562,253.59	.79	6.203	93.30	4.89
@DENTIST	5,311	22,379 \$		\$ 40.38	.194 \$		
VISITS - DIAGNOSTIC	3,717	14,631	175,272.00	11.98	.127	47.15	1.52
ORAL SURGERY	742	2,004	102,717.51	51.26	.017	138.43	.89
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	8	9	900.00	100.00	.000	112.50	.01
PERIODONTICS	504	506	61,758.00	122.05	.004	122.54	.54
ENDODONTICS	206	303	63,470.50	209.47	.003	308.11	.55
RESTORATIVE DENTISTRY	849	2 , 192	149,378.80	68.15	.019	175.95	1.30
PROSTHETICS	74	79	2,335.00	29.56	.001	31.55	.02
DENTURES, STAYPLATES	992	2,564	347,741.71	135.62	.022	350.55	3.02
SPACE MAINTAINERS	0	2,304	.00	.00	.000	.00	.00
~ - 1 1 V	•	•	.00	• 0 0	. 5 0 0	. 0 0	• 0 0

MAXILLOFACIAL SERVICES	2	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	98	90	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 17,818
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR ALL AGED					

VENTURA COUNTY	SUMMARY OF SER	VICES FOR ALL AGE	D								
							M	ONT	HLY AVERA	GΕ	
115,077 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	2,823	8,007	\$	161,511.45	\$.070	\$	57.21	\$	1.40
DIAGNOSTIC AND ANC. PROCED	632	674		27 , 887.67		41.38	.006		44.13		.24
EYE APPLIANCES	2,359	6,744		123,028.23		18.24	.059		52.15		1.07
OTHER OPTOMETRIC SERVICES	313	589		10,595.55		17.99	.005		33.85		.09
@CHIROPRACTOR	22	47	\$	584.09	\$	12.43	.000	\$	26.55	\$.01
VISITS	8	13		200.64		15.43	.000		25.08		.00
OTHER SERVICES	14	34		383.45		11.28	.000		27.39		.00
@PODIATRIST	2,474	4,269	\$	31,159.95	\$	7.30	.037	\$	12.59	\$.27
MEDICINE/INJECTIONS	71	. 88		3,074.80		34.94	.001		43.31		.03
SURGERY/ANES.	11	12		739.30		61.61	.000		67.21		.01
RADIO./PATHOLOGY	8	12		207.60		17.30	.000		25.95		.00
OTHER	2,401	4,157		27,138.25		6.53	.036		11.30		.24
@HOME HEALTH AGENCY	57	213	\$		\$	68.08	.002	\$	254.40	\$.13
NURSE ANESTHESIST	3	11	\$		\$	4.46	.000			\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	9,722	37,897	\$	3,764,098.64	\$	99.32	.329		387.17		32.71
HOSP INPATIENT TOTAL	980	2,777	•	2,962,507.33	·	1066.80	.024	•	3022.97	•	25.74
HSC HOSPITALS	455	2,729		2,380,935.14		872.46	.024		5232.82		20.69
NON-HSC HOSPITAL TOTAL	10	37		46,803.97		1264.97	.000		4680.40		.41
ACCOMMODATIONS	10	37		9,883.36		267.12	.000		988.34		.09
ADMINISTRATIVE DAYS	1	6		1,387.80		231.30	.000		1387.80		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	31		8,495.56		274.05	.000		943.95		.07
ANCILLARIES	10	0		36,920.61		.00	.000		3692.06		.32
INPATIENT CROSSOVERS	526	11				48615.29	.000		1016.67		4.65
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8,919	35,120		801,591.31		22.82	.305		89.87		6.97
MEDICAL	1,727	2,879		104,345.28		36.24	.025		60.42		.91
SURGERY	186	186		20,270.81		108.98	.002		108.98		.18
PATHOLOGY	808	3,364		33,233.47		9.88	.029		41.13		.29
RADIOLOGY	593	883		68,631.22		77.73	.008		115.74		.60
ROOM USE	1,723	2,573		95,923.08		37.28	.022		55.67		.83
CROSSOVERS/ALL OTH OUTPTNT		25,235		479,187.45		18.99	.219		68.33		4.16
@COUNTY HOSPITAL TOTAL	5,160	16,595	\$		\$.144	Ś	145.20	Ś	6.51
CO HOSPITAL INPATIENT TOTAL		397	7	417,543.91	-	1051.75	.003	-1	3866.15	-	3.63
HSC HOSPITALS	88	381		395,549.46		1038.19	.003		4494.88		3.44
NON-HSC HOSPITALS TOTAL	2	5		3,327.92		665.58	.000		1663.96		.03
ACCOMMODATIONS	2	5		1,156.50		231.30	.000		578.25		.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	0 0 5		1,156.50		231.30	.000		578.25		.01
ANCILLARIES	2	0		2,171.42		.00	.000		1085.71		.02
INPATIENT CROSSOVERS	20	11		18,666.53		1696.96	.000		933.33		.16
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	•	•							•		

CO HOSP OUTPATIENT TOTAL	5,109	16,198		331,709.74	20.48	.141	64.93	2.88
MEDICAL	1,270	1,942		66,935.56	34.47	.017	52.71	.58
SURGERY	51	42		11,857.83	282.33	.000	232.51	.10
PATHOLOGY	414	1,150		11,269.54	9.80	.010	27.22	.10
RADIOLOGY	302	381		25,384.27		.003	84.05	.22
ROOM USE	1,253	1,731		64,174.65	37.07	.015	51.22	.56
CROSSOVERS/ALL OTH OUTPTNT	3,706	10,952		152,087.89	13.89	.095	41.04	1.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT R	REPORT FOR JAN 2	2004 THRU DE	EC 2004	PAGE 17,819
MOP024	FEE-FOR-SERVICE	E/DENTAL						03/14/05
VENTURA COUNTY	SUMMARY OF SERV	JICES FOR ALL AGED)					
						MON	NTHLY AVERA	GE
115,077 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,841	21,302	\$				622.77	\$ 26.20
COMM HOSP INPATIENT TOTAL	873	2,380		2,544,963.42	1069.31	.021		
HSC HOSPITALS	368	2,348		1,985,385.68	845.56	.020	5395.07	17.25
NON-HSC HOSPITALS TOTAL	8	32		43,476.05	1358.63	.000	5434.51	.38
ACCOMMODATIONS	8	32			272.71		1090.86	.08
ADMINISTRATIVE DAYS	1	6		1,387.80	231.30	.000	1387.80	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	26		7,339.06		.000	1048.44	.06
ANCILLARIES	8	0		34,749.19	.00	.000	4343.65	.30
INPATIENT CROSSOVERS	506	0		516,101.69	.00	.000	1019.96	4.48
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,063	18,922		469,881.57	24.83	.164	115.65	4.08
MEDICAL	521	937		37,409.72	39.92	.008	71.80	.33
SURGERY	135	144		8,412.98			62.32	.07
PATHOLOGY	417	2,214		21,963.93		.019	52.67	.19
RADIOLOGY	303	502		43,246.95	86.15	.004	142.73	.38
ROOM USE	528	842		31,748.43		.007	60.13	.28
CROSSOVERS/ALL OTH OUTPINT	3,436	14,283		327,099.56			95.20	2.84
@STATE HOSPITAL	8	276	\$	180,577.48	\$ 654.27	.002	22572.19	\$ 1.57

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	8	276		180,577.48		654.27	.002		22572.19		1.57
@NURSING FACILITY	11,826	344,008	\$	38,778,161.41	\$	112.72		\$	3279.06	\$	336.98
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	41	1,182		450,530.85		381.16	.010	1	L0988.56		3.92
LEV B-SUBACUTE HSPTL BASED	68	3,400		1,725,273.71		507.43	.030	2	25371.67		14.99
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	11,743	339,426		36,602,356.85		107.84	2.950		3116.95		318.07
@INTERMEDIATE CARE FACILDD	47	1,417	\$	234,032.93	\$	165.16	.012	\$	4979.42	\$	2.03
ICF DDH	36	1,088		166,449.67		152.99	.009		4623.60		1.45
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	11	329		67,583.26		205.42	.003		6143.93		.59
@HEMODIALYSIS TOTAL	778	4,518	\$		\$	121.82			707.43	\$	4.78
HOSPITAL BASED	0	0		.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	778	4,518		550,382.42		121.82	.039		707.43		4.78
@REHABILITATION FACILITY	28	133	\$		\$	24.23	.001	Ś		Ś	.03
HOSPITAL BASED	28	133		3,222.19	'	24.23	.001		115.08		.03
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,954	8,903	\$		\$	9.46	.077	Ś	43.09	Ś	.73
PATHOLOGY	1,891	8,749	7	83,127.04	7	9.50	.076	-	43.96	7	.72
XO AND OTHERS	64	154		1,063.48		6.91	.001		16.62		.01
@ORGANIZED OUTPATIENT CLINIC	2,476	4,150	\$	•	\$	66.39		Ġ	111.27	Ś	2.39
CLINIC	610	805	Y	28,375.93	٧	35.25	.007	Y	46.52	Y	.25
SURGICENTER	214	330		33,444.05		101.35	.003		156.28		.29
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,700	3,015		213,679.20		70.87	.026		125.69		1.86
	-	•	OFC M	ONTH-OF-PAYMENT RI	תם∩ם:			DEC		D	AGE 17,820
#CVDIL DELI OL HEVDIH SEKA	MEDI CHE SEKATO	YES WIND EVERINDITION	יניו טינור.	ONTH OF ENTIRE IN	TE OILT	LON OWN	2004 11110	טיינע	2004	E.	AGE 17,020
MODO24	FFF_FOD_SFDUTCE	Z / DENITA I									03/11/05
MOP024	FEE-FOR-SERVICE		Z.D.								03/14/05
MOP024 VENTURA COUNTY		E/DENTAL /ICES FOR ALL AGE	ED				M	ONTU	JT V - N(7ED N	CF	
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR ALL AGE		EVDENDITHIDES	7/ 1/10	DACE COST	M				
		TICES FOR ALL AGE UNITS OF SERVICE	Ξ	EXPENDITURES			UNITS/DAY	s c	COST PER		 COST PER
VENTURA COUNTY 115,077 ELIGIBLES	SUMMARY OF SERV	VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE	Ξ Ξ		PER	. UNIT/DAY	UNITS/DAY PER ELIG	S C	COST PER USER		 COST PER ELIGIBLE
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVUSERS	VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 1,659,929	Ξ	8,770,611.68		UNIT/DAY	UNITS/DAY PER ELIG 14.425	S C	COST PER USER 473.32		COST PER ELIGIBLE 76.22
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 18,530 742	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890	Ξ Ξ	8,770,611.68 188,182.55	PER	UNIT/DAY 5.28 65.12	UNITS/DAY PER ELIG 14.425 .025	S C	USER 473.32 253.62		COST PER ELIGIBLE 76.22 1.64
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERV USERS 18,530 742 0	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0	Ξ Ξ	8,770,611.68 188,182.55 .00	PER	UNIT/DAY 5.28 65.12 .00	UNITS/DAY PER ELIG 14.425 .025 .000	S C	COST PER USER 473.32 253.62 .00		COST PER ELIGIBLE 76.22 1.64
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERV USERS 18,530 742 0 120	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25	PER	UNIT/DAY 5.28 65.12 .00 156.44	PER ELIG 14.425 .025 .000	S C	USER 473.32 253.62 .00 282.90		COST PER ELIGIBLE 76.22 1.64 .00
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERV USERS 18,530 742 0 120 1,276	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44	P UNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052	S C	USER 473.32 253.62 .00 282.90 326.69		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	USERS 18,530 742 0 120 1,276 141	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009	S C	USER 473.32 253.62 .00 282.90 326.69 115.93		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14
VENTURA COUNTY 115,077 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	USERS 18,530 742 0 120 1,276 141 623	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994	S C	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36
VENTURA COUNTY 115,077 ELIGIBLES ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	USERS 18,530 742 0 120 1,276 141 623 533	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049	S C	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36
VENTURA COUNTY 115,077 ELIGIBLES ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	USERS 18,530 742 0 120 1,276 141 623 533 213	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006	S C	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10
VENTURA COUNTY 115,077 ELIGIBLES ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS 18,530 742 0 120 1,276 141 623 533 213 6,791	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681 76,552	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84 5,319,219.10	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29 69.49	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006 .665	S C	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28 783.27		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10 46.22
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS 18,530 742 0 120 1,276 141 623 533 213 6,791 0	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681 76,552	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84 5,319,219.10 .00	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29 69.49 .00	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006 .665 .000	S C	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28 783.27		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10 46.22 .00
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS 18,530 742 0 120 1,276 141 623 533 213 6,791 0 881	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681 76,552 0 7,374	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84 5,319,219.10 .00 477,852.73	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29 69.49 .00 64.80	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006 .665 .000 .064	S C	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28 783.27 .00 542.40		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10 46.22 .00 4.15
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS 18,530 742 0 120 1,276 141 623 533 213 6,791 0 881	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681 76,552 0 7,374	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84 5,319,219.10 .00 477,852.73	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29 69.49 .00 64.80 .00	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006 .665 .000 .064	S C	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28 783.27 .00 542.40		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10 46.22 .00 4.15 .00
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS 18,530 742 0 120 1,276 141 623 533 213 6,791 0 881 0 2,627	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681 76,552 0 7,374 0 6,438	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84 5,319,219.10 .00 477,852.73 .00 78,312.25	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29 69.49 .00 64.80 .00 12.16	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006 .665 .000 .064 .000 .056	S C	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28 783.27 .00 542.40 .00 29.81		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10 46.22 .00 4.15 .00 .68
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS 18,530 742 0 120 1,276 141 623 533 213 6,791 0 881 0 2,627	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681 76,552 0 7,374 0 6,438 6	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84 5,319,219.10 .00 477,852.73 .00 78,312.25 11.53	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29 69.49 .00 64.80 .00 12.16 1.92	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006 .665 .000 .064 .000 .056	S C	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28 783.27 .00 542.40 .00 29.81 2.88		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10 46.22 .00 4.15 .00 .68 .00
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS 18,530 742 0 120 1,276 141 623 533 213 6,791 0 881 0 2,627 4 133	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681 76,552 0 7,374 0 6,438	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84 5,319,219.10 .00 477,852.73 .00 78,312.25 11.53 2,008.50	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29 69.49 .00 64.80 .00 12.16 1.92 8.44	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006 .665 .000 .064 .000 .056 .000 .002	S C	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28 783.27 .00 542.40 .00 29.81 2.88 15.10		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10 46.22 .00 4.15 .00 .68 .00 .02
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS 18,530 742 0 120 1,276 141 623 533 213 6,791 0 881 0 2,627 4 133 72	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681 76,552 0 7,374 0 6,438 6 238 197	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84 5,319,219.10 .00 477,852.73 .00 78,312.25 11.53 2,008.50 10,514.86	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29 69.49 .00 64.80 .00 12.16 1.92 8.44 53.37	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006 .665 .000 .064 .000 .056 .000 .002	S C	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28 783.27 .00 542.40 .00 29.81 2.88 15.10 146.04		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10 46.22 .00 4.15 .00 .68 .00 .02 .09
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	USERS 18,530 742 0 120 1,276 141 623 533 213 6,791 0 881 0 2,627 4 133 72 42	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681 76,552 0 7,374 0 6,438 6 238 197 136	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84 5,319,219.10 .00 477,852.73 .00 78,312.25 11.53 2,008.50 10,514.86 8,986.65	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29 69.49 .00 64.80 .00 12.16 1.92 8.44 53.37 66.08	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006 .665 .000 .064 .000 .056 .000 .056 .000 .002	S C	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28 783.27 .00 542.40 .00 29.81 2.88 15.10 146.04 213.97		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10 46.22 .00 4.15 .00 .68 .00 .02 .09 .08
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	USERS 18,530 742 0 120 1,276 141 623 533 213 6,791 0 881 0 2,627 4 133 72 42 30	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681 76,552 0 7,374 0 6,438 6 238 197 136 61	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84 5,319,219.10 .00 477,852.73 .00 78,312.25 11.53 2,008.50 10,514.86 8,986.65 1,528.21	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29 69.49 .00 64.80 .00 12.16 1.92 8.44 53.37 66.08 25.05	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006 .665 .000 .064 .000 .056 .000 .056 .000 .002 .002 .001 .001	S C	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28 783.27 .00 542.40 .00 29.81 2.88 15.10 146.04 213.97 50.94		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10 46.22 .00 4.15 .00 .68 .00 .02 .09 .08 .01
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS 18,530 742 0 120 1,276 141 623 533 213 6,791 0 881 0 2,627 4 133 72 42 30 69	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681 76,552 0 7,374 0 6,438 6 238 197 136 61 243	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84 5,319,219.10 .00 477,852.73 .00 78,312.25 11.53 2,008.50 10,514.86 8,986.65 1,528.21 3,615.16	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29 69.49 .00 64.80 .00 12.16 1.92 8.44 53.37 66.08 25.05 14.88	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006 .665 .000 .064 .000 .056 .000 .002 .002 .001 .001	S C	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28 783.27 .00 542.40 .00 29.81 2.88 15.10 146.04 213.97 50.94 52.39		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10 46.22 .00 4.15 .00 .68 .00 .02 .09 .08 .01 .03
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 18,530 742 0 120 1,276 141 623 533 213 6,791 0 881 0 2,627 4 133 72 42 30 69 907	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681 76,552 0 7,374 0 6,438 6 238 197 136 61 243 2,153	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84 5,319,219.10 .00 477,852.73 .00 78,312.25 11.53 2,008.50 10,514.86 8,986.65 1,528.21 3,615.16 224,400.29	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29 69.49 .00 64.80 .00 12.16 1.92 8.44 53.37 66.08 25.05 14.88 104.23	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006 .665 .000 .064 .000 .056 .000 .002 .002 .001 .001 .002 .019	s c	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28 783.27 .00 542.40 .00 29.81 2.88 15.10 146.04 213.97 50.94 52.39 247.41		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10 46.22 .00 4.15 .00 .68 .00 .02 .09 .08 .01 .03 1.95
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	USERS 18,530 742 0 120 1,276 141 623 533 213 6,791 0 881 0 2,627 4 133 72 42 30 69 907 459	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681 76,552 0 7,374 0 6,438 6 238 197 136 61 243 2,153 14,094	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84 5,319,219.10 .00 477,852.73 .00 78,312.25 11.53 2,008.50 10,514.86 8,986.65 1,528.21 3,615.16 224,400.29 1,521,988.95	PER	1. UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29 69.49 .00 64.80 .00 12.16 1.92 8.44 53.37 66.08 25.05 14.88 104.23 107.99	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006 .665 .000 .064 .000 .056 .000 .002 .002 .001 .001 .002 .019 .122	s c	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28 783.27 .00 542.40 .00 29.81 2.88 15.10 146.04 213.97 50.94 52.39 247.41 3315.88		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10 46.22 .00 4.15 .00 .68 .00 .02 .09 .08 .01 .03 1.95 13.23
VENTURA COUNTY 115,077 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 18,530 742 0 120 1,276 141 623 533 213 6,791 0 881 0 2,627 4 133 72 42 30 69 907	UNITS OF SERVICE OR DAYS OF CARE 1,659,929 2,890 0 217 121,026 999 114,425 5,602 681 76,552 0 7,374 0 6,438 6 238 197 136 61 243 2,153	Ξ Ξ	8,770,611.68 188,182.55 .00 33,948.25 416,850.97 16,345.56 386,706.07 13,799.34 11,773.84 5,319,219.10 .00 477,852.73 .00 78,312.25 11.53 2,008.50 10,514.86 8,986.65 1,528.21 3,615.16 224,400.29	PER	UNIT/DAY 5.28 65.12 .00 156.44 3.44 16.36 3.38 2.46 17.29 69.49 .00 64.80 .00 12.16 1.92 8.44 53.37 66.08 25.05 14.88 104.23	PUNITS/DAY PER ELIG 14.425 .025 .000 .002 1.052 .009 .994 .049 .006 .665 .000 .064 .000 .056 .000 .002 .002 .001 .001 .002 .019	s c	COST PER USER 473.32 253.62 .00 282.90 326.69 115.93 620.72 25.89 55.28 783.27 .00 542.40 .00 29.81 2.88 15.10 146.04 213.97 50.94 52.39 247.41		COST PER ELIGIBLE 76.22 1.64 .00 .30 3.62 .14 3.36 .12 .10 46.22 .00 4.15 .00 .68 .00 .02 .09 .08 .01 .03 1.95

LOCAL EDUCATION AGENCIES	7	63	569.40	9.04	.001	81.34	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6 , 377	1,427,757	481,363.30	.34	12.407	75.48	4.18
@CALIF. CHILDREN SERVICES*	6	13	\$ 459.92	\$ 35.38	.000	\$ 76.65	\$.00
@XOVER EXCLUDING STATE HOSP**	26,070	377 , 586	\$ 4,637,037.10	\$ 12.28	3.281	\$ 177.87	\$ 40.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,821 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

VENTURA COUNTY	CUMMARY OF CER	VICES FOR ALL BLINI	_							03/14/03
VENTURA COUNTY	SUMMARY OF SER	VICES FOR ALL BLINE)			MO	ידות	HIY AVERA	GE.	
3,701 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST					COST PER
3,701 EETGIBEE		OR DAYS OF CARE		EM ENDITORED	PER UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,872		\$	2,443,978.96	\$ 8.02	82.369	Ś			660.36
@PHYSICIANS SERVICES	814		\$	130,619.34		.772				35.29
OUTPATIENT VISITS	260	353	•		36.00		т	48.88	т.	3.43
OFFICE VISITS	210	290		9,380.22	32.35	.078		44.67		2.53
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	39	38		2,545.99	67.00	.010		65.28		.69
PREVENTIVE CARE	0	0		. 00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	ĺ	3		143.13	47.71	.001		143.13		.04
OTHER OUTPATIENT	17	22		638.25	29.01	.006		37.54		.17
INPATIENT VISITS	37	122		5,550.17	45.49	.033		150.00		1.50
HOSPITAL VISITS	31	105		4,920.79	46.86	.028		158.74		1.33
CRITICAL CARE	1	1		121.60	121.60	.000		121.60		.03
SNF/ICF/TRANS IP CARE	6	16		507.78	31.74	.004		84.63		.14
OPHTHALMOLOGICAL SERVICES	6 74	107		4,290.38	40.10	.029		57.98		1.16
EXAMINATIONS	73	104		4,184.51	40.24			57.32		1.13
SERVICES AND MATERIALS	1	3		105.87	35.29	.001		105.87		.03
INPATIENT HOSPITAL SURGERY	21	176		10,449.76	59.37			497.61		2.82
PRINCIPAL SURGEON	12	26		7,186.77	276.41	.007		598.90		1.94
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	14	150		3,262.99	21.75	.041		233.07		.88
OUTPATIENT SURGERY	63	181		22,785.49	125.89	.049		361.67		6.16
PRINCIPAL SURGEON	52	78		19,863.24	254.66	.021		381.99		5.37
ASSISTANT SURGEON	2	2		332.46	166.23	.001		166.23		.09
ANESTHESIOLOGIST	14	101		2,589.79	25.64	.027		184.99		.70
DIALYSIS	49	168		12,804.73	76.22	.045		261.32 39.42		3.46
PATHOLOGY	67	363		2,640.81	7.27	.098		39.42		.71
RADIOLOGY	123	327		30,156.09	92.22	.088		245.17		8.15
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	17	42		8,352.96	198.88	.011		491.35		2.26
OTHER SERVICES/ALL X-OVERS	395	1,019		20,881.36	20.49	.275		52.86		5.64
@PHARMACY	2,266 2,178	127,816	\$	884,285.26	\$ 6.92	34.536	\$	390.24	\$	
PRESCRIPTION DRUGS	2,178	8,863		824,416.31	93.02	2.395		378.52		222.76
SNF/ICF	8.3	646			55.99	.175		435.77		9.77
OUTPATIENTS	2,101	8,217		788,247.12	95.93	2.220		375.18		212.98
MEDICAL SUPPLIES	514	118,953		59,868.95	.50	32.141		116.48		16.18
@DENTIST	175	/49	\$	23,420.15		.202	\$		\$	
VISITS - DIAGNOSTIC	126	524		6,545.00	12.49	.142		51.94		1.77
ORAL SURGERY	19	37		2,326.40	62.88	.142 .010				.63
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00

PERIODONTICS	18	18	2,025.00	112.50	.005	112.50	.55
ENDODONTICS	11	12	2,567.00	213.92	.003	233.36	.69
RESTORATIVE DENTISTRY	45	104	4,797.75	46.13	.028	106.62	1.30
PROSTHETICS	6	6	220.00	36.67	.002	36.67	.06
DENTURES, STAYPLATES	17	43	4,889.00	113.70	.012	287.59	1.32
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	50.00	50.00	.000	50.00	.01
ALL OTHER SERVICES	4	4	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JAN	2004 THRU D	EC 2004	PAGE 17,822
MOP024	FEE-FOR-SERVICE/I	ENTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVIC	ES FOR ALL BLIND					
					MO	NTHLY AVERA	GE
3,701 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE

3,701 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAY	S	COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	111	299	\$	20,033.32	\$.081		180.48		5.41
DIAGNOSTIC AND ANC. PROCED	50	59	'	3,025.57	51.28	.016		60.51		.82
EYE APPLIANCES	88	222		16,555.41	74.57	.060		188.13		4.47
OTHER OPTOMETRIC SERVICES	12	18		452.34	25.13	.005		37.70		.12
@CHIROPRACTOR	4	5	\$		\$.001	Ś		Ś	.02
VISITS	4	5	'	83.60	16.72	.001		20.90		.02
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	77	128	\$	1,955.96	\$.035	\$		\$.53
MEDICINE/INJECTIONS	27	31		835.70	26.96	.008		30.95		.23
SURGERY/ANES.	2	2		50.02	25.01	.001		25.01		.01
RADIO./PATHOLOGY	3	5		88.22	17.64	.001		29.41		.02
OTHER	50	90		982.02	10.91	.024		19.64		.27
@HOME HEALTH AGENCY	36	1,490	\$	48,713.27	\$ 32.69		\$	1353.15	\$	13.16
NURSE ANESTHESIST	0	, 0	\$.00	\$.00	.000		.00		.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	642	3,182	\$	364,361.12				567.54	\$	98.45
HOSP INPATIENT TOTAL	45	233		252,339.84	1083.00	.063		5607.55		68.18
HSC HOSPITALS	31	229		235,310.60	1027.56	.062		7590.66		63.58
NON-HSC HOSPITAL TOTAL	2	4		6,340.98	1585.25	.001		3170.49		1.71
ACCOMMODATIONS	2	4		1,181.80	1585.25 295.45	.001		590.90		.32
ADMINISTRATIVE DAYS	1	2		462.60	231.30	.001		462.60		.12
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	1	2 0		719.20	359.60	.001		719.20		.19
ANCILLARIES	2			5,159.18	.00	.000		2579.59		1.39
INPATIENT CROSSOVERS	12	0		10,688.26	.00	.000		890.69		2.89
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	613	2 , 949		112,021.28	37.99	.797		182.74		30.27
MEDICAL	306	492		16,723.20	33.99	.133		54.65		4.52
SURGERY	52	55		6,829.64	124.18	.015		131.34		1.85
PATHOLOGY	164	688		7,248.28	10.54	.186		44.20		1.96
RADIOLOGY	100	156		21,198.49	135.89	.042		211.98		5.73
ROOM USE	348	624		23,973.84	38.42	.169		68.89		6.48
CROSSOVERS/ALL OTH OUTPTNT	285	934		36,047.83	38.60	.252		126.48		9.74
@COUNTY HOSPITAL TOTAL	424	1,853	\$	202,557.54	\$.501	\$		\$	54.73
CO HOSPITAL INPATIENT TOTAL	15	121		131,366.84	1085.68	.033		8757.79		35.49
HSC HOSPITALS	12	119		129,077.14	1084.68	.032		10756.43		34.88
NON-HSC HOSPITALS TOTAL	1	2		609.70	304.85	.001		609.70		.16
ACCOMMODATIONS	1	2		462.60	231.30	.001		462.60		.12

ADMINISTRATIVE DAYS	1	2		462.60		231.30	.001		462.60		.12
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		147.10		.00	.000		147.10		.04
INPATIENT CROSSOVERS	2	0		1,680.00		.00	.000		840.00		.45
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	417	1,732		71,190.70		41.10	.468		170.72		19.24
MEDICAL	255	404		13,036.06		32.27	.109		51.12		3.52
SURGERY	22	20		4,209.86		210.49	.005		191.36		1.14
PATHOLOGY	105	360		4,019.55		11.17	.097		38.28		1.09
RADIOLOGY	43	52		8,879.83		170.77			206.51		2.40
ROOM USE	260	447		16,839.01		37.67	.121		64.77		4.55
CROSSOVERS/ALL OTH OUTPTNT		449		24,206.39		53.91	.121		153.21		6.54
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	EC M		EDODT.			DEC			PAGE 17,823
MOP024	FEE-FOR-SERVICE		r Cu	ONIII OF FAIRENT K	TI CIVI	FOR UAN A	2004 11110 1		2004	Г	03/14/05
VENTURA COUNTY			MD								03/14/03
VENIURA COUNTI	SUMMARI OF SER	VICES FOR ALL BLI	ир				M		III V ATIEDA	CE	
2 701 ELICIDIES	HOEDO	INITES OF SERVICE		EVDENDIBLEC	7 7 7 77		M				
3,701 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
COMMINITAL HOODIEST BOEST	258	OR DAYS OF CARE		161 002 50			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		1,329	\$	161,803.58		121.75		\$	627.15	\$	43.72
COMM HOSP INPATIENT TOTAL	30	112		120,973.00		1080.12	.030		4032.43		32.69
HSC HOSPITALS	19	110		106,233.46		965.76	.030		5591.23		28.70
NON-HSC HOSPITALS TOTAL	1	2		5,731.28		2865.64	.001		5731.28		1.55
ACCOMMODATIONS	1	2 2 0 0 2		719.20		359.60	.001		719.20		.19
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		719.20		359.60	.001		719.20		.19
ANCILLARIES	1	0		5,012.08		.00	.000		5012.08		1.35
INPATIENT CROSSOVERS	10	Ü		9,008.26		.00	.000		900.83		2.43
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	233	1,217		40,830.58		33.55	.329		175.24		11.03
MEDICAL	61	88		3,687.14		41.90	.024		60.44		1.00
SURGERY	30	35		2,619.78		74.85	.009		87.33		.71
PATHOLOGY	67	328		3,228.73		9.84	.089		48.19		.87
RADIOLOGY	62	104		12,318.66		118.45	.028		198.69		3.33
ROOM USE	110	177		7,134.83		40.31	.048		64.86		1.93
CROSSOVERS/ALL OTH OUTPINT	133	485		11,841.44		24.42	.131		89.03		3.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	76	1,627	\$		\$	126.42	.440	\$		\$	55.58
LEV A-INTERMEDIATE	0	, 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	76	1,627		205,689.74		126.42	.440		2706.44		55.58
@INTERMEDIATE CARE FACILDD	34	1,013	\$	166,192.27	\$	164.06		Ś	4888.01		44.90
ICF DDH	34	1,013	٧	166,192.27	Y	164.06	.274	٣	4888.01	Ψ.	44.90
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	198	5 , 212	\$	251,921.40	\$	48.33		Ċ	1272.33	Ċ	68.07
-	190	0,212	Y	.00	Ÿ		.000	٢		٢	.00
HOSPITAL BASED	198					.00 48.33	1.408		.00 1272.33		68.07
HEMODIALYSIS CENTER		5,212	ċ	251,921.40	Ċ			ċ		ċ	
@REHABILITATION FACILITY	29 2	331	\$	5,976.56	\$	18.06	.089	Ą		Þ	1.61
HOSPITAL BASED	2	13		362.79		27.91	.004		181.40		.10

INDEPENDENT FACILITY	27	318		5,613.77		17.65	.086		207.92		1.52
@LABORATORY FACILITY	175	872	\$	8,648.07	\$	9.92	.236	\$	49.42	\$	2.34
PATHOLOGY	174	866		8,641.50		9.98	.234		49.66		2.33
XO AND OTHERS	1	6		6.57		1.10	.002		6.57		.00
@ORGANIZED OUTPATIENT CLINIC	119	301	\$	30,620.00	\$	101.73	.081	\$	257.31	\$	8.27
CLINIC	28	56		5,318.24		94.97	.015		189.94		1.44
SURGICENTER	6	10		605.86		60.59	.003		100.98		.16
HEROIN DETOX CLINIC	1	14		175.95		12.57	.004		175.95		.05
RURAL HEALTH CLINIC	86	221		24,519.95		110.95	.060		285.12		6.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 17,824
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR ALL BL	IND								
							M	CNT	HLY AVERA	GE -	
3,701 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES			UNITS/DAY		COST PER	C	OST PER
		OR DAYS OF CARE	C				PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	627	158 , 966	\$	301,458.90	\$	1.90	42.952	\$	480.80	\$	81.45
DURABLE MED. EQUIP.	39	124		30,341.49		244.69	.034		777.99		8.20
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	133	-		82 , 500.05			6.338		620.30		22.29
AMBULANCES/AIR TRANS	25	169		3,044.11			.046		121.76		.82
OTHER TRANS	96	23 , 171		79,231.83		3.42	6.261		825.33		21.41
OTHER SERVICES	13	116		224.11		1.93	.031		17.24		.06
ACUPUNCTURE	2	16		259.52		16.22	.004		129.76		.07
ADULT DAY HEALTH CARE CTR	96	1 , 145		79,316.00		69.27	.309		826.21		21.43
GENETIC DISEASE TESTING	1	1		105.00		105.00	.000		105.00		.03
IHMC, MODEL-NF, NF, AIDS, MSSP	17	80		7,845.54		98.07	.022		461.50		2.12
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	56	138		1,878.04		13.61	.037		33.54		.51
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	2	3		2.69		.90	.001		1.35		.00
PROSTHETIST/ORTHOTISTS	15	61		9,294.24		152.36	.016		619.62		2.51

PROSTHETICS	6	12	436.25	36.	35 .003	}	72.71	.12
ORTHOTICS	9	49	8,857.99	180.	78 .013	3	984.22	2.39
PSYCHOLOGIST	0	0	.00		.000)	.00	.00
SPEECH AND AUDIOLOGY	23	91	5,366.28	58.	97 .025	·	233.32	1.45
HOSPICE SERVICES	10	230	32,734.01	142.	.062		3273.40	8.84
NONINST BIRTHING CENTERS	0	0	.00		.000)	.00	.00
LOCAL EDUCATION AGENCIES	52	7 , 594	17,684.30	2.	33 2.052		340.08	4.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.000)	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.000)	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.000)	.00	.00
ALL OTHER PROVIDERS	255	126,027	34,131.74		27 34.052		133.85	9.22
@CALIF. CHILDREN SERVICES*	118	33,117	\$ 127,692.68	\$ 3.	86 8.948	\$	1082.14	\$ 34.50
@XOVER EXCLUDING STATE HOSP**	742	13,804	\$ 181,998.32	\$ 13.	18 3.730	\$	245.28	\$ 49.18

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 17,825 03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

VENTORA COUNTI	SOMMANI OF SEN	VICES FOR ALL DISA	ומעט	2		MONT	DIII V 717007	CE
157 707 71 707777						MON'		
157,787 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
	101 160	OR DAYS OF CARE		110 011 015 50	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	131,163			110,311,017.73	\$ 18.58	37.621 \$		\$ 699.11
@PHYSICIANS SERVICES	28,911	•	\$		\$ 32.87	.807 \$		•
OUTPATIENT VISITS	11,558	16,451		,	39.66			4.14
OFFICE VISITS	8 , 537	11,802			32.29			2.41
HOME VISITS	273	361		,	40.68			.09
EMERGENCY ROOM	2,868	3,542		228,995.54	64.65	.022	79.85	
PREVENTIVE CARE	24	24		1,105.09	46.05	.000	46.05	.01
OB VISITS/COMPRE PERI	14	29		1,544.64	53.26	.000	110.33	
OTHER OUTPATIENT	472	693		20,102.03	36.31		53.31	
INPATIENT VISITS	2 , 951	13,713		770,238.62	56.17		261.01	4.88
HOSPITAL VISITS	2,320	11,108		000,011.13	45.24		216.60	
CRITICAL CARE	252	1,429		227,225.58	159.01	.009	901.69	
SNF/ICF/TRANS IP CARE	638	1,176		40,501.85	34.44	.007	63.48	.26
OPHTHALMOLOGICAL SERVICES	937	1,405		58,303.72	41.50	.009	62.22	.37
EXAMINATIONS	933	1,399		58,085.54	41.52	.009	62.26	.37
SERVICES AND MATERIALS	6	6		218.18	36.36	.000	36.36	.00
INPATIENT HOSPITAL SURGERY	1,191	11,737		635,927.73	54.18	.074	533.94	4.03
PRINCIPAL SURGEON	814	2,847		489,406.79	171.90	.018	601.24	3.10
ASSISTANT SURGEON	77	91		17,547.10	192.83	.001	227.88	.11
ANESTHESIOLOGIST	472	8 , 799		128,973.84	14.66	.056	273.25	.82
OUTPATIENT SURGERY	1,652	6,496		407,943.10	62.80	.041	246.94	2.59
PRINCIPAL SURGEON	1,264	1,728		324,796.55	187.96	.011	256.96	2.06
ASSISTANT SURGEON	8	8		686.31	85.79	.000	85.79	.00
ANESTHESIOLOGIST	464	4,760		82,460.24	17.32	.030	177.72	.52
DIALYSIS	300	1,017		83,796.27	82.40	.006	279.32	.53
PATHOLOGY	2,754	20,094		97,058.21	4.83	.127	35.24	.62
RADIOLOGY	5,276	13,959		584,118.34	41.85	.088	110.71	3.70
PSYCHIATRY	. 8	9		442.66	49.18	.000	55.33	.00
IMMUNIZATION AND INJECTION	470	1,650		90,228.02	54.68	.010	191.97	.57
OTHER SERVICES/ALL X-OVERS	12,879	40,815		805,532.29	19.74	.259	62.55	5.11
@PHARMACY	102,772	2,521,545	\$	49,702,173.77	\$ 19.71	15.981 \$	483.62	\$ 315.00
PRESCRIPTION DRUGS	100,480	430,852		47,732,487.02	110.79	2.731	475.04	302.51
SNF/ICF	7,150	52,001		4,572,377.59	87.93	.330	639.49	28.98
OUTPATIENTS	94,503	378,851			113.92	2.401	456.71	273.53
	. ,	.,		, , , , , , , , , , , , , , , , , , , ,				

MEDICAL SUPPLIES	11,452	2,090,693		1,969,686.75		.94	13.250		172.00		12.48
@DENTIST	9,591	43,766	Ś	1,533,867.71	Ś	35.05	.277	Ś	159.93	Ś	9.72
VISITS - DIAGNOSTIC	6,722	28,987	'	366,258.69		12.64	.184		54.49		2.32
ORAL SURGERY	1,378	3,583		195,690.90		54.62	.023		142.01		1.24
DRUGS	41	62		1,065.00		17.18	.000		25.98		.01
ANESTHESIA	22	22		1,700.00		77.27	.000		77.27		.01
PERIODONTICS	1,028	1,075		115,807.20		107.73	.007		112.65		.73
ENDODONTICS	610	890		185,814.25		208.78	.007		304.61		1.18
RESTORATIVE DENTISTRY	2,399	6,414		408,935.55		63.76	.041		170.46		2.59
PROSTHETICS	120	130		4,926.50		37.90	.001		41.05		.03
DENTURES, STAYPLATES	747	2,234		245,254.04		109.78	.014		328.32		1.55
SPACE MAINTAINERS	5	2 , 234		720.00		120.00	.000		144.00		.00
MAXILLOFACIAL SERVICES	29	31		2,628.08		84.78	.000		90.62		.00
	1	1		•							
FRACTURES, DISLOCATIONS	65	90		400.00		400.00	.000		400.00		.00
ORTHODONTIC SERVICES				4,207.50		46.75	.001		64.73		.03
ALL OTHER SERVICES	237	241		460.00		1.91	.002		1.94	_	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	RES MC	ONTH-OF-PAYMENT RI	EPOR'.	L' FOR JAN 2	2004 THRU	DEC	2004	Р	AGE 17,826
MOP024	FEE-FOR-SERVICE	•									03/14/05
VENTURA COUNTY	SUMMARY OF SERV	JICES FOR ALL DIS	SABLEI)						~-	
455 505			_				M				
157,787 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S	COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY		_	USER		ELIGIBLE
@OPTOMETRIST	4,571	13,108	\$	278,860.10	\$	21.27	.083	Ş	61.01	Ş	1.77
DIAGNOSTIC AND ANC. PROCED	2,130	2,320		91,945.58		39.63	.015		43.17		.58
EYE APPLIANCES	3,603	10,237		176,361.83		17.23	.065		48.95		1.12
OTHER OPTOMETRIC SERVICES	329	551		10,552.69		19.15	.003		32.08		.07
@CHIROPRACTOR	240	484	\$	7,789.38	\$	16.09	.003	\$	32.46	\$.05
VISITS	222	449		7,369.34		16.41	.003		33.20		.05
OTHER SERVICES	18	35		420.04		12.00	.000		23.34		.00
@PODIATRIST	2,354	4,048	\$	73,058.24	\$	18.05	.026	\$	31.04	\$.46
MEDICINE/INJECTIONS	1,026	1,191		34,574.41		29.03	.008		33.70		.22
SURGERY/ANES.	106	125		1,829.52		14.64	.001		17.26		.01
RADIO./PATHOLOGY	120	211		3 , 757.58		17.81	.001		31.31		.02
OTHER	1,406	2,521		32 , 896.73		13.05	.016		23.40		.21
@HOME HEALTH AGENCY	728	53 , 959	\$	1,661,342.22	\$	30.79	.342	\$	2282.06	\$	10.53
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	35,920	188,673	\$	18,595,439.43	\$	98.56	1.196	\$	517.69	\$	117.85
HOSP INPATIENT TOTAL	2,432	10,893		13,083,061.30		1201.05	.069		5379.55		82.92
HSC HOSPITALS	1,687	10,042		11,261,197.43		1121.41	.064		6675.28		71.37
NON-HSC HOSPITAL TOTAL	90	851		1,075,413.65		1263.71	.005		11949.04		6.82
ACCOMMODATIONS	90	851		357,282.46		419.84	.005		3969.81		2.26
ADMINISTRATIVE DAYS	12	280		61,187.85		218.53	.002		5098.99		.39
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	79	571		296,094.61		518.55	.004		3748.03		1.88
	, ,	Ŭ , ±		===, ==================================			.001		5.25.00		1.00

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177,780

33,667

2,043

40,839

8,878

32,942

718,131.19

746,450.22

5,512,378.13

1,139,085.95

163,544.14

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ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

90

0

681

34,539

19,028

1,684

8,549

5,600

20,045

14,382	59,411	1,622,7	06.51	27.31	.377	112.83	10.28
-	•	· · ·					
806	•	4,448,9	06.50	1045.84	.027	5519.85	28.20
756	3,921	4,292,9	34.24	1094.87	.025	5678.55	27.21
20	333	117,3	6.07	352.42	.002	5867.80	.74
20	333	76,7	8.57	230.51	.002	3837.93	.49
3	181	41,8	55.30	231.30	.001	13955.10	.27
0	0		.00	.00	.000	.00	.00
17	152	34,8	3.27	229.56	.001	2052.55	.22
20	0	40,5	7.50	.00	.000	2029.88	.26
38	0	38,6	6.19	.00	.000	1017.27	.24
0	0		.00	.00	.000	.00	.00
24,944	107,210	3,750,7	79.74	34.99	.679	150.37	23.77
15,466	26,036	942,0	28.79	36.18	.165	60.91	5.97
846	1,082	124,7	.0.46	115.26	.007	147.41	.79
5,148	19 , 605	222,2	30.76	11.34	.124	43.18	1.41
	4,803	550,5	51.69	114.63	.030	171.62	3.49
15 , 716	24 , 695	924,9	8.76	37.45	.157	58.85	5.86
8,353	30 , 989	,		31.83	.196	118.08	6.25
MEDI-CAL SERVIC	CES AND EXPENDITURE	ES MONTH-OF-PAY	MENT REPOR	T FOR JAN	2004 THRU D	EC 2004	PAGE 17,827
	'						03/14/05
SUMMARY OF SERV	VICES FOR ALL DISA	ABLED					
USERS		EXPENDI'	-				COST PER
							ELIGIBLE
-							
•	•	· · ·					54.72
960	6,121	6,968,2	3.19	1138.41	.039	7258.56	44.16
	25,241 806 756 20 20 3 0 17 20 38 0 24,944 15,466 846 5,148 3,208 15,716 8,353 MEDI-CAL SERVICE	25,241 111,464 806 4,254 756 3,921 20 333 20 333 3 181 0 0 0 17 152 20 0 38 0 0 0 24,944 107,210 15,466 26,036 846 1,082 5,148 19,605 3,208 4,803 15,716 24,695 8,353 30,989 MEDI-CAL SERVICES AND EXPENDITURE FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL DISE USERS UNITS OF SERVICE OR DAYS OF CARE 13,112 77,209 1,661 6,639	25,241 111,464 \$ 8,199,77 806 4,254 4,448,99 756 3,921 4,292,98 20 333 117,35 20 333 76,75 3 181 41,86 0 0 0 17 152 34,89 20 0 40,59 38 0 38,65 0 0 24,944 107,210 3,750,77 15,466 26,036 942,02 846 1,082 124,71 5,148 19,605 222,28 3,208 4,803 550,56 15,716 24,695 924,90 8,353 30,989 986,28 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYN FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL DISABLED USERS UNITS OF SERVICE EXPENDIT OR DAYS OF CARE 13,112 77,209 \$ 10,395,66 1,661 6,639 8,634,06	25,241 111,464 \$ 8,199,776.24 \$ 806 4,254 4,448,996.50 756 3,921 4,292,984.24 20 333 117,356.07 20 333 76,758.57 3 181 41,865.30 0 0 0 0 0 0 17 152 34,893.27 20 0 40,597.50 38 0 38,656.19 0 0 0 24,944 107,210 3,750,779.74 15,466 26,036 942,028.79 846 1,082 124,710.46 5,148 19,605 222,280.76 3,208 4,803 550,561.69 15,716 24,695 924,908.76 8,353 30,989 986,289.28 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPOR FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL DISABLED	25,241 111,464 \$ 8,199,776.24 \$ 73.56 806 4,254 4,448,996.50 1045.84 756 3,921 4,292,984.24 1094.87 20 333 117,356.07 352.42 20 333 76,758.57 230.51 3 181 41,865.30 231.30 0 0 0 .00 17 152 34,893.27 229.56 20 0 40,597.50 .00 38 0 38,656.19 .00 24,944 107,210 3,750,779.74 34.99 15,466 26,036 942,028.79 36.18 846 1,082 124,710.46 115.26 5,148 19,605 222,280.76 11.34 3,208 4,803 550,561.69 114.63 15,716 24,695 924,908.76 37.45 8,353 30,989 986,289.28 31.83 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL DISABLED USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST PER UNIT/DAY 13,112 77,209 \$ 10,395,663.19 \$ 134.64 1,661 6,639 8,634,064.80 1300.51	25,241 111,464 \$ 8,199,776.24 \$ 73.56 .706 806 4,254 4,448,996.50 1045.84 .027 756 3,921 4,292,984.24 1094.87 .025 20 333 117,356.07 352.42 .002 20 3333 76,758.57 230.51 .002 3 181 41,865.30 231.30 .001 0 0 0 .00 .00 .00 17 152 34,893.27 229.56 .001 20 0 40,597.50 .00 .000 38 0 0 38,656.19 .00 .000 38 0 0 38,656.19 .00 .000 24,944 107,210 3,750,779.74 34.99 .679 15,466 26,036 942,028.79 36.18 .165 846 1,082 124,710.46 115.26 .007 5,148 19,605 222,280.76 11.34 .124 3,208 4,803 550,561.69 114.63 .030 15,716 24,695 924,908.76 37.45 .157 8,353 30,989 986,289.28 31.83 .196 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU E FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICE FOR ALL DISABLED USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS OR DAYS OF CARE USERS UNITS OF SERVICE EXPENDITURES PER UNIT/DAY PER ELIG 13,112 77,209 \$ 10,395,663.19 \$ 134.64 .489 1,661 6,639 8,634,064.80 1300.51 .042	25,241 111,464 \$ 8,199,776.24 \$ 73.56 .706 \$ 324.86 806 4,254 4,448,996.50 1045.84 .027 5519.85 756 3,921 4,292,984.24 1094.87 .025 5678.55 20 333 117,356.07 352.42 .002 5867.80 20 333 76,758.57 230.51 .002 3837.93 3 181 41,865.30 231.30 .001 13955.10 0 0 0 .00 .00 .00 .000 17 152 34,893.27 229.56 .001 2052.55 20 0 40,597.50 .00 .00 .000 2029.88 38 0 38,656.19 .00 .00 .000 2029.88 38 0 38,656.19 .00 .00 .000 1017.27 0 0 0 .00 .00 .00 .000 1017.27 0 0 0 .00 .00 .00 .000 .000 24,944 107,210 3,750,779.74 34.99 .679 150.37 15,466 26,036 942,028.79 36.18 .165 60.91 846 1,082 124,710.46 115.26 .007 147.41 5,148 19,605 222,280.76 11.34 .124 43.18 3,208 4,803 550,561.69 114.63 .030 171.62 15,716 24,695 924,908.76 37.45 .157 58.85 8,353 30,989 986,289.28 31.83 .196 118.08 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICE OR ALL DISABLED MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL DISABLED MUSERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL DISABLED MUSERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL DISABLED MUSERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL DISABLED MUSERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIMARY OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OR DAYS OF CARE 13,112 77,209 \$ 10,395,663.19 \$ 134.64 .489 \$ 792.844 1,661 6,639 8,634,064.80 1300.51 .042 5198.11

157,787 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAG	E COST	UNITS/DAY	S COST PER	(COST PER
		OR DAYS OF CAR	E		PER UN	IT/DAY	PER ELIG	USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,112	,	\$	10,395,663.19	\$ 13			\$ 792.84	\$	65.88
COMM HOSP INPATIENT TOTAL	1,661	6 , 639		8,634,064.80	130	0.51	.042	5198.11		54.72
HSC HOSPITALS	960	6 , 121		6,968,213.19	113	8.41	.039	7258.56		44.16
NON-HSC HOSPITALS TOTAL	70	518		958 , 057.58	184	9.53	.003	13686.54		6.07
ACCOMMODATIONS	70	518		280,523.89	54	1.55	.003	4007.48		1.78
ADMINISTRATIVE DAYS	9	99		19,322.55	19	5.18	.001	2146.95		.12
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	62	419		261,201.34	62	3.39	.003	4212.92		1.66
ANCILLARIES	70	0		677,533.69		.00	.000	9679.05		4.29
INPATIENT CROSSOVERS	644	0		707,794.03		.00	.000	1099.06		4.49
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	11,811	70,570		1,761,598.39	2	4.96	.447	149.15		11.16
MEDICAL	4,428	7,631		197,057.16	2	5.82	.048	44.50		1.25
SURGERY	850	961		38,833.68	4	0.41	.006	45.69		.25
PATHOLOGY	3,620	21,234		224,757.61	1	0.58	.135	62.09		1.42
RADIOLOGY	2,526	4,075		367,618.43	9	0.21	.026	145.53		2.33
ROOM USE	5,400	8,247		296,914.28	3	6.00	.052	54.98		1.88
CROSSOVERS/ALL OTH OUTPINT	6,469	28,422		636,417.23	2	2.39	.180	98.38		4.03
@STATE HOSPITAL	20	610	\$	388,560.08	\$ 63	6.98	.004	\$ 19428.00	\$	2.46
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	20	610		388,560.08	63	6.98	.004	19428.00		2.46
@NURSING FACILITY	2,474	69 , 789	\$	11,336,893.17	\$ 16	2.45	.442	\$ 4582.41	\$	71.85
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	44	1,185		602,320.56	50	8.29	.008	13689.10		3.82
LEV B-SUBACUTE HSPTL BASED	128	6 , 062		3,199,430.02	52	7.78	.038	24995.55		20.28
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	2,326	62,542		7,535,142.59	12	0.48	.396	3239.53		47.76
@INTERMEDIATE CARE FACILDD	2,036	61 , 955	\$	10,349,214.12	\$ 16	7.04	.393	\$ 5083.11	\$	65.59
ICF DDH	1,638	49,608			15		.314	4835.31		50.20
ICF DD	53	1,717		247,455.91	14	4.12	.011	4668.98		1.57

ICF DDN/DDCN	346	10,630	2,181,525.00		205.22	.067	6304.99		13.83
@HEMODIALYSIS TOTAL	2,009	31,261	2,007,402.80	\$	64.21	.198	\$ 999.20	\$	12.72
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	2,009	31,261	2,007,402.80		64.21	.198	999.20		12.72
@REHABILITATION FACILITY	1,413	16,982	296,349.25	\$	17.45	.108	\$ 209.73	\$	1.88
HOSPITAL BASED	482	2 , 881	68,605.86)	23.81	.018	142.34		.43
INDEPENDENT FACILITY	934	14,101	227,743.39)	16.15	.089	243.84		1.44
@LABORATORY FACILITY	9,181	41,300	\$ 433 , 623.71	. \$	10.50	.262	\$ 47.23	\$	2.75
PATHOLOGY	9,137	41 , 185	432,713.77		10.51	.261	47.36		2.74
XO AND OTHERS	45	115	909.94		7.91	.001	20.22		.01
@ORGANIZED OUTPATIENT CLINIC	5 , 726	11,499	968,072.21	. \$	84.19	.073	\$ 169.07	\$	6.14
CLINIC	943	1,452	63,744.69)	43.90	.009	67.60		.40
SURGICENTER	236	672	29 , 076.72		43.27	.004	123.21		.18
HEROIN DETOX CLINIC	17	235	2,791.12		11.88	.001	164.18		.02
RURAL HEALTH CLINIC	4,654	9,140	872 , 459.68		95.46	.058	187.46		5.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		S MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC 2004		E 17,828
MOP024	FEE-FOR-SERVICE/DE	ENTAL							03/14/05
VENTURA COUNTY	SUMMARY OF SERVICE	ES FOR ALL DISA	BLED						
						M	ONTHLY AVERA	GE	

157,787 ELIGIBLES	USERS	UNITS OF SERVIC	c	EXPENDITURES	AVERAGE COST		S COST PER	COST PER
137,707 EHIGIBLES	055175	OR DAYS OF CAR		EXFENDITORES	PER UNIT/DAY			ELIGIBLE
@ALL OTHER PROVIDERS	22,793	2,749,771	\$	8,491,546.25	\$ 3.09	17.427		
-	1,579	· ·	Ą	919,097.00	152.09	.038	582.08	•
DURABLE MED. EQUIP. BLOOD BANK	1,579	6 , 043		.00	.00	.038	.00	5.82
	59	112		11,298.06	100.88	.000	191.49	.00
HEARING AID DISPENSERS				•				
MEDICAL TRANSPORTATION	3,310	172,808		893,260.62	5.17	1.095	269.87	
AMBULANCES/AIR TRANS	2,195	22,855		336,550.55	14.73	.145	153.33	2.13
OTHER TRANS	720	145,686		523,215.63	3.59	.923	726.69	3.32
OTHER SERVICES	433	4,267		33,494.44	7.85	.027	77.35	.21
ACUPUNCTURE	130	339		5,862.29	17.29	.002	45.09	.04
ADULT DAY HEALTH CARE CTR	3,468	36,902		2,560,401.74	69.38	.234	738.29	16.23
GENETIC DISEASE TESTING	20	20		2,100.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	587	33 , 960		1,142,218.21	33.63	.215	1945.86	7.24
OCCUPATIONAL THERAPIST	9	86		1,157.54	13.46	.001	128.62	.01
OPTICIAN	3,681	8 , 720		100,943.63	11.58	.055	27.42	.64
PHYSICAL THERAPIST	10	21		123.12	5.86	.000	12.31	.00
PORTABLE X-RAY	154	361		8,509.68	23.57	.002	55.26	.05
PROSTHETIST/ORTHOTISTS	395	2,149		270,909.25	126.06	.014	685.85	1.72
PROSTHETICS	194	969		122,550.29	126.47	.006	631.70	.78
ORTHOTICS	204	1,180		148,358.96	125.73	.007	727.25	.94
PSYCHOLOGIST	105	331		11,379.32	34.38	.002	108.37	.07
SPEECH AND AUDIOLOGY	1,228	4,171		208,396.19	49.96	.026	169.70	1.32
HOSPICE SERVICES	181	4,693		548,695.42	116.92	.030	3031.47	3.48
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,692	262,856		888,233.55	3.38	1.666	240.58	5.63
EPSDT SUPPLEMENTAL SERVICE	2	51		275.58	5.40	.000	137.79	.00
RESPIRATORY CARE PRACT.	11	49		711.40	14.52	.000	64.67	.00
PED SUBACUTE REHAB/WEANING	9	356		14,314.76	40.21	.002	1590.53	.09
ALL OTHER PROVIDERS	6,421	2,215,792		904,370.29	.41	14.043	140.85	5.73
@CALIF. CHILDREN SERVICES*	3,825	251,851	\$	6,284,141.93			\$ 1642.91	
@XOVER EXCLUDING STATE HOSP**	23,692	293,812	\$	4,098,266.95	\$ 13.95	1.862		
	20,002	230,012	7	1,030,200.30	7 10.00	1.002	T 2/2:30	7 20.57

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

VENTORA COUNTI	DOMINANT OF DEN	VICES FOR ALL FAMILIES					
					MON	THLY AVERA	.GE
779,977 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	326,684	1,943,738 \$	87,132,959.99	\$ 44.83	2.492 \$	266.72	\$ 111.71
@PHYSICIANS SERVICES	89 , 166	230,712 \$	10,384,850.65	\$ 45.01	.296 \$	116.47	\$ 13.31
OUTPATIENT VISITS	62 , 111	82,084	2,945,520.95	35.88	.105	47.42	3.78
OFFICE VISITS	46,347	59,642	1,869,605.60	31.35	.076	40.34	2.40
HOME VISITS	15	15	639.98	42.67	.000	42.67	.00
EMERGENCY ROOM	13,408	14,764	756 , 949.33	51.27	.019	56.46	.97
PREVENTIVE CARE	1,575	1,612	65,584.32	40.69	.002	41.64	.08
OB VISITS/COMPRE PERI	1,665	4,138	186,319.22	45.03	.005	111.90	.24
OTHER OUTPATIENT	1,615	1,913	66,422.50	34.72	.002	41.13	.09
INPATIENT VISITS	5 , 715	19 , 692	1,488,206.34	75.57	.025	260.40	1.91
HOSPITAL VISITS	5,205	13,522	629,995.51	46.59	.017	121.04	.81
CRITICAL CARE	723	6,066	854 , 284.56	140.83	.008	1181.58	1.10
SNF/ICF/TRANS IP CARE	39	104	3,926.27	37.75	.000	100.67	.01
OPHTHALMOLOGICAL SERVICES	1,014	1,410	58,452.00	41.46	.002	57.64	.07
EXAMINATIONS	999	1,388	57 , 829.60	41.66	.002	57.89	.07
SERVICES AND MATERIALS	22	22	622.40	28.29	.000	28.29	.00
INPATIENT HOSPITAL SURGERY	6 , 079	31,564	3,059,416.50	96.93	.040	503.28	3.92
PRINCIPAL SURGEON	3,903	4 , 557	2,440,829.85	535.62	.006	625.37	3.13
ASSISTANT SURGEON	466	465	89,810.10	193.14	.001	192.73	.12
ANESTHESIOLOGIST	2,481	26,542	528 , 776.55	19.92	.034	213.13	.68
OUTPATIENT SURGERY	4,652	15 , 266	781,241.13	51.18	.020	167.94	1.00
PRINCIPAL SURGEON	3,807	4,686	632,358.13	134.95	.006	166.10	.81
ASSISTANT SURGEON	29	30	3,314.16	110.47	.000	114.28	.00
ANESTHESIOLOGIST	1,204	10,550	145,568.84	13.80	.014	120.90	.19
DIALYSIS	142	456	39 , 794.43	87.27	.001	280.24	.05
PATHOLOGY	11,325	32,581	230,093.11	7.06	.042	20.32	.29
RADIOLOGY	18,042	29 , 196	971 , 130.99	33.26	.037	53.83	1.25
PSYCHIATRY	5	5	121.63	24.33	.000	24.33	.00

IMMUNIZATION AND INJECTION	2,347	4,523		307 , 777.92		68.05	.006		131.14		.39
OTHER SERVICES/ALL X-OVERS	7,279	13,935		503,095.65		36.10	.018		69.12		.65
@PHARMACY	149,850	518 , 589	\$	18,169,629.97	\$	35.04	.665	\$	121.25	\$	23.30
PRESCRIPTION DRUGS	148,297	351 , 163		17,582,161.87		50.07	.450		118.56		22.54
SNF/ICF	226	1,517		93,462.74		61.61	.002		413.55		.12
OUTPATIENTS	148,140	349,646		17,488,699.13		50.02	.448		118.06		22.42
MEDICAL SUPPLIES	4,775	167,426		587,468.10		3.51	.215		123.03		.75
@DENTIST	35 , 874	214,448	\$	5,702,606.33	\$	26.59	.275	\$	158.96	\$	7.31
VISITS - DIAGNOSTIC	27 , 090	151,396		1,903,059.80		12.57	.194		70.25		2.44
ORAL SURGERY	4 , 851	9,454		557,666.37		58.99	.012		114.96		.71
DRUGS	738	890		18,920.26		21.26	.001		25.64		.02
ANESTHESIA	79	138		6,055.00		43.88	.000		76.65		.01
PERIODONTICS	1,441	1,466		158,870.40		108.37	.002		110.25		.20
ENDODONTICS	3 , 355	6,268		719,564.23		114.80	.008		214.48		.92
RESTORATIVE DENTISTRY	12,475	39 , 976		2,008,602.66		50.25	.051		161.01		2.58
PROSTHETICS	157	169		3 , 878.50		22.95	.000		24.70		.00
DENTURES, STAYPLATES	278	1,245		91,991.51		73.89	.002		330.90		.12
SPACE MAINTAINERS	441	573		60,246.00		105.14	.001		136.61		.08
MAXILLOFACIAL SERVICES	82	91		9,021.80		99.14	.000		110.02		.01
FRACTURES, DISLOCATIONS	6	12		3,550.00		295.83	.000		591.67		.00
ORTHODONTIC SERVICES	1,710	2,029		152,505.00		75.16	.003		89.18		.20
ALL OTHER SERVICES	796	741		8,674.80		11.71	.001		10.90		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2004 THRU	DEC	2004	PA	AGE 17,830
MOP024	FEE-FOR-SERVICE/DEN	NTAL									03/14/05

----- MONTHLY AVERAGE -----

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SUMMARY OF SERVICES FOR ALL FAMILIES

VENTURA COUNTY

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

779,977 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 9,758 26,914 620,061.00 23.04 .035 \$ 63.54 \$ 8,254 DIAGNOSTIC AND ANC. PROCED 7,634 330,122.00 40.00 .011 43.24 .42 278,980.51 15.26 EYE APPLIANCES 6,463 18,287 .023 43.17 .36 297 29.38 36.90 OTHER OPTOMETRIC SERVICES 373 10,958.49 .000 .01 492 16.53 28.26 \$ @CHIROPRACTOR 841 13,902.68 .001 \$.02 VISITS 492 841 13,902.68 16.53 .001 28.26 .02 0 0 .00 OTHER SERVICES .00 .00 .000 @PODIATRIST 3,310 10,702 361,290.49 33.76 .014 \$ 109.15 \$.46 MEDICINE/INJECTIONS 3,035 3,615 130,095.09 35.99 .005 42.86 .17 1,241 20,109.29 16.20 .002 18.04 .03 SURGERY/ANES. 1,115 RADIO./PATHOLOGY 1,598 2,985 53,001.36 17.76 .004 33.17 .07 OTHER 1,757 2,861 158,084.75 55.26 .004 89.97 947 213 69.60 .001 \$ 309.42 \$ @HOME HEALTH AGENCY 65,907.06 \$ 7 22.67 \$ 24 158.66 \$ 6.61 .000 \$.00 NURSE ANESTHESIST 71 NURSE MIDWIFE 570 27,030.60 47.42 .001 \$ 380.71 .03 96 58.96 \$ PEDIATRIC NURSE PRACTITIONER 3,714.19 38.69 .000 \$ 16 FAMILY NURSE PRACTITIONER 8 463.50 28.97 .000 \$ 57.94 \$.00 @TOTAL HOSPITAL 108,305 448,238 40,615,116.43 90.61 .575 \$ 375.01 \$ 52.07 HOSP INPATIENT TOTAL 6,008 21,873 1219.11 .028 4438.33 26,665,500.36 21,302 HSC HOSPITALS 5,871 25,215,040.28 1183.69 .027 4294.85 32.33 NON-HSC HOSPITAL TOTAL 119 571 1,393,567.45 2440.57 .001 11710.65 1.79 118 571 553.04 ACCOMMODATIONS .001 2676.16 315,786.68 18 231.30 4163.40 ADMINISTRATIVE DAYS 1 4,163.40 .000 .01 0 .00 TRANSITIONAL IP CARE 0 .00 .000 .00 .00 553 311,623.28 117 563.51 .001 2663.45 ALL OTHER ACCOM 118 0 .00 ANCILLARIES 1,077,780.77 .000 9133.74 1.38 .00 0 56,892.63 2031.88

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HOSP OUTPATIENT TOTAL	105,195	426,365	13,949,616.07	32.72	.547	132.61	17.88
MEDICAL	69,419		3,412,177.14		.128	49.15	4.37
SURGERY	6,229	7,225	436,822.59	60.46	.009	70.13	.56
PATHOLOGY	30,522	98,275	996,146.42	10.14	.126	32.64	1.28
RADIOLOGY	17,238	23,590	1,790,280.49	75.89	.030	103.86	2.30
ROOM USE	87,804	124,203	1,790,280.49 4,527,307.96	36.45	.159	51.56	5.80
CROSSOVERS/ALL OTH OUTPTNT		72,989	2,786,881.47	38.18	.094	105.09	3.57
@COUNTY HOSPITAL TOTAL	64,397		19,829,922.26	\$ 81.29	.313 \$	307.93	\$ 25.42
CO HOSPITAL INPATIENT TOTAL		9,184	11,317,899.08		.012	4378.30	14.51
HSC HOSPITALS	2,582	9,149	11,306,479.81		.012	4378.96	14.50
NON-HSC HOSPITALS TOTAL	2	35	8,863.27	253.24	.000	4431.64	.01
ACCOMMODATIONS	2	35	8,095.50	231.30	.000	4047.75	.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0 0 2	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	35	8,095.50	231.30	.000	4047.75	.01
ANCILLARIES	1	0	767.77	.00	.000	767.77	.00
INPATIENT CROSSOVERS	3	0	2,556.00	.00	.000	852.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	63,413	0 234 , 766	8,512,023.18	36.26	.301		
MEDICAL	47,443	65 , 516	2,209,211.31	33.72	.084	46.57	2.83
SURGERY	2,534	3,066	277,624.19 420,211.09	90.55	.004	109.56	.36
PATHOLOGY	15,456	40,303	420,211.09	10.43	.052	27.19	.54
RADIOLOGY	7,852	10,410	906,433.23	87.07	.013	115.44	1.16
ROOM USE	55 , 136	77,432	2,885,378.05	37.26	.099	52.33	3.70
CROSSOVERS/ALL OTH OUTPINT	11,504	38 , 039	1,813,165.31	47.67	.049	157.61	2.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	NTH-OF-PAYMENT R	EPORT FOR JAN 2	004 THRU DE	C 2004	PAGE 17,831
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMILIES					
					MON	THLY AVERAC	GE
779,977 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
	48,842	204,288 \$	20,785,194.17	•		425.56	•
COMM HOSP INPATIENT TOTAL		12 , 689	15,347,601.28		.016		19.68
HSC HOSPITALS	3,321	12,153	13,908,560.47	1144.45	.016	4188.06	17.83

779,977 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			С	OST PER
		OR DAYS OF CARI		PER UNIT/DAY				LIGIBLE
@COMMUNITY HOSPITAL TOTAL	48,842	204,288	\$ 20,785,194.17	\$ 101.74	.262		\$	26.65
COMM HOSP INPATIENT TOTAL	3 , 456	12 , 689	.,.,	1209.52	.016	4440.86		19.68
HSC HOSPITALS	3 , 321	12,153	13,908,560.47	1144.45	.016	4188.06		17.83
NON-HSC HOSPITALS TOTAL	117	536	1,384,704.18	2583.40	.001	11835.08		1.78
ACCOMMODATIONS	116	536	307 , 691.18	574.05	.001	2652.51		.39
ADMINISTRATIVE DAYS	1	18	4,163.40	231.30	.000	4163.40		.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	115	518	303 , 527.78	585.96	.001	2639.37		.39
ANCILLARIES	117	0	1,077,013.00	.00	.000	9205.24		1.38
INPATIENT CROSSOVERS	25	0	54 , 336.63	.00	.000	2173.47		.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	46,434	191 , 599	5,437,592.89	28.38	.246	117.10		6.97
MEDICAL	23,882	34 , 567	1,202,965.83	34.80	.044	50.37		1.54
SURGERY	3,740	4,159	159 , 198.40	38.28	.005	42.57		.20
PATHOLOGY	15 , 610	57 , 972	575 , 935.33	9.93	.074	36.90		.74
RADIOLOGY	9,702	13,180	883,847.26	67.06	.017	91.10		1.13
ROOM USE	35 , 648	46 , 771	1,641,929.91	35.11	.060	46.06		2.11
CROSSOVERS/ALL OTH OUTPINT	15 , 325	34 , 950	973,716.16	27.86	.045	63.54		1.25
@STATE HOSPITAL	18	548	\$ 377 , 133.46	\$ 688.20	.001	\$ 20951.86	\$.48
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	18	548	377 , 133.46	688.20	.001	20951.86		.48
@NURSING FACILITY	75	1,845	\$ 517 , 202.99	\$ 280.33	.002	\$ 6896.04	\$.66
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	7	153	75,012.24	490.28	.000	10716.03		.10

LEV B-SUBACUTE HSPTL BASED	11	486		270,498.51		556.58	.001		24590.77		.35
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	57	1,206		171,692.24		142.37	.002		3012.14		.22
@INTERMEDIATE CARE FACILDD	47	1,570	\$	268 , 756.92	\$	171.18	.002	\$	5718.23	\$.34
ICF DDH	40	1,420		237,313.38		167.12	.002		5932.83		.30
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	7	150		31,443.54		209.62	.000		4491.93		.04
@HEMODIALYSIS TOTAL	274	11,902	\$	507,503.05	\$	42.64	.015	\$	1852.20	\$.65
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	274	11,902		507,503.05	,	42.64	.015		1852.20		.65
@REHABILITATION FACILITY	989	7 , 053	\$	149,730.67	\$	21.23	.009	\$	151.40	\$.19
HOSPITAL BASED	807	4,059		100,226.98		24.69	.005		124.20		.13
INDEPENDENT FACILITY	182	2,994		49,503.69)	16.53	.004		272.00		.06
@LABORATORY FACILITY	33,061	123,287	\$	1,517,923.81	. \$	12.31	.158	\$	45.91	\$	1.95
PATHOLOGY	32 , 987	123,165		1,511,211.13		12.27	.158		45.81		1.94
XO AND OTHERS	118	122		6,712.68		55.02	.000		56.89		.01
@ORGANIZED OUTPATIENT CLINIC	33,181	56 , 181	\$	5,663,875.72	\$	100.81	.072	\$	170.70	\$	7.26
CLINIC	3,943	8 , 250		317,738.92		38.51	.011		80.58		.41
SURGICENTER	407	733		33,913.50		46.27	.001		83.33		.04
HEROIN DETOX CLINIC	38	464		5,468.48		11.79	.001		143.91		.01
RURAL HEALTH CLINIC	29,483	46,734		5,306,754.82		113.55	.060		179.99		6.80
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	JRES :	MONTH-OF-PAYMENT	REPORT	' FOR JAN	2004 THRU	DEC	2004	P	AGE 17,832
MOP024	FEE-FOR-SERVICE/DEN	ITAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR ALL FA	MILI	ES							

VENTURA COUNTI	SUMMARI OF SER	VICES FOR ALL FAMILIES					~ =
770 077 7770777					MON		
779,977 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	21 256	OR DAYS OF CARE	0 166 055 05	PER UNIT/DAY	_	USER	ELIGIBLE
@ALL OTHER PROVIDERS	31,076	289,252 \$	2,166,057.35	\$ 7.49	.371 \$		•
DURABLE MED. EQUIP.	933	3,531	189,595.62	53.69		203.21	.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	28	4,346.56	155.23	.000	543.32	.01
MEDICAL TRANSPORTATION	2,646	38,962	481,413.28	12.36	.050	181.94	.62
AMBULANCES/AIR TRANS	2 , 573	24,370	350 , 913.98	14.40		136.38	.45
OTHER TRANS	58	14,396	45,604.12	3.17	.018	786.28	.06
OTHER SERVICES	66	196	84,895.18	433.14	.000	1286.29	.11
ACUPUNCTURE	54	154	2 , 746.51	17.83	.000	50.86	.00
ADULT DAY HEALTH CARE CTR	83	884	61,640.96	69.73	.001	742.66	.08
GENETIC DISEASE TESTING	1,289	1,290	135,306.00	104.89	.002	104.97	.17
IHMC, MODEL-NF, NF, AIDS, MSSP	11	27	3,695.33	136.86	.000	335.94	.00
OCCUPATIONAL THERAPIST	18	211	2,820.76	13.37	.000	156.71	.00
OPTICIAN	6 , 505	14,828	142,649.36	9.62	.019	21.93	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	11	383.80	34.89	.000	76.76	.00
PROSTHETIST/ORTHOTISTS	309	594	61,942.35	104.28	.001	200.46	.08
PROSTHETICS	241	343	28,955.99	84.42	.000	120.15	.04
ORTHOTICS	68	251	32,986.36	131.42	.000	485.09	.04
PSYCHOLOGIST	35	228	13,684.61	60.02	.000	390.99	.02
SPEECH AND AUDIOLOGY	810	2,113	102,488.87	48.50	.003	126.53	.13
HOSPICE SERVICES	12	292	38,934.60	133.34	.000	3244.55	.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	17,616	92,077	821,714.54	8.92	.118	46.65	1.05
EPSDT SUPPLEMENTAL SERVICE	32	640	3,279.60	5.12	.001	102.49	.00
RESPIRATORY CARE PRACT.	1	3	44.46	14.82	.000	44.46	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,230	133,382	99,414.60	.75	.171	80.82	.13
@CALIF. CHILDREN SERVICES*	3,204	66,717 \$	-		.086 \$		
	- , -	•					

@XOVER EXCLUDING STATE HOSP** 987 12,070 \$ 282,031.59 \$ 23.37 .015 \$ 285.75 \$.36

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----- MONTHLY AVERAGE -----

03/14/05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

VENTURA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

					MONT		E
38,579 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	19,624	126,592 \$	5,243,546.13	\$ 41.42	3.281 \$	267.20	\$ 135.92
@PHYSICIANS SERVICES	3 , 980	10,319 \$	5,243,546.13 522,063.76 140,898.82	\$ 50.59	.267 \$	131.17	\$ 13.53
OUTPATIENT VISITS	2,621	3,586 2,357	140,898.82	39.29	.093	53.76	3.65
OFFICE VISITS	1,804	2,357	83,206.26	35.30	.061	46.12	2.16
HOME VISITS	0	0	.00	.00		.00	.00
EMERGENCY ROOM	686	745	40,145.46	53.89	.000 .019	58.52	1.04
PREVENTIVE CARE	75	76	2,966.82	20 04	000	39.56	.08
OB VISITS/COMPRE PERI	99	322	10,976.29	34.09	.008	110.87	.28
OTHER OUTPATIENT	75	86	3,603.99			48.05	.09
INPATIENT VISITS	410	1 , 259	100,113.31	41.91 79.52	.033	244.18	2.60
HOSPITAL VISITS	341	789		47.59	.020	110.12	.97
CRITICAL CARE	59	422	61,019.08	47.59 144.59	.011	1034.22	1.58
SNF/ICF/TRANS IP CARE	31	48	1,544.98	22 10	.001	49.84	.04
OPHTHALMOLOGICAL SERVICES	30	38	1,630.06	32.19 42.90	.001	54.34	.04
	30	38	1,630.06	42.90	.001	54.34	.04
EXAMINATIONS	0	0	,	0.0	.000	.00	.00
SERVICES AND MATERIALS	259	•	121 100 24	97.54 331.25 147.54 26.67			
INPATIENT HOSPITAL SURGERY		1,345 307	131,188.24	97.54	.035	506.52	3.40
PRINCIPAL SURGEON	162		101,692.73	331.25	.008	627.73	2.64
ASSISTANT SURGEON	14	15	2,213.05	147.54	.000	158.08	.06
ANESTHESIOLOGIST	120	1,023		26.67	.027	227.35	.71
OUTPATIENT SURGERY	193	452	30,014.55	66.40	.012	155.52	.78
PRINCIPAL SURGEON	154	186	22,849.18	122.85 123.78	.005	148.37	.59
ASSISTANT SURGEON	2	2	247.56	123.78	.000	123.78	.01
ANESTHESIOLOGIST	55	264	6,917.81	26.20	.007	125.78	.18
DIALYSIS	3	13	1,488.40	114.49		496.13	.04
PATHOLOGY	391	1,336	8,881.25	6.65	.035	22.71	.23
RADIOLOGY	846	1,413	42,705.12	30.22	.037	50.48	1.11
PSYCHIATRY	2	2	46.44	23.22 125.02	.000	23.22	.00
IMMUNIZATION AND INJECTION	80	192	24,003.64	125.02	.005	300.05	.62
OTHER SERVICES/ALL X-OVERS	341	683	41,093.93	60.17	.018	120.51	1.07
@PHARMACY	341 7 , 015	51 , 933 \$	685 , 063.91	\$ 13.19	1.346 \$	97.66	
PRESCRIPTION DRUGS	6 , 951	14,445	573 , 944.85	39.73	.374	82.57	14.88
SNF/ICF	85	481	34,179.25	71.06	.012	402.11	.89
OUTPATIENTS	6 , 875	13,964	539,765.60	38.65	.362	78.51	13.99
MEDICAL SUPPLIES	181	37,488	111,119.06	38.65 2.96	.972	613.92	2.88
@DENTIST	1,349 1,042	12,505 \$	332,733.28	\$ 26.61 13.10	.324 \$	246.65	\$ 8.62
VISITS - DIAGNOSTIC	1,042	8,530	111,717.31	13.10	.221	107.21	2.90
ORAL SURGERY	191	495	30,964.90	62.56	.013	162.12	.80
DRUGS	36	53	1,050.00	19.81	.001	29.17	.03
ANESTHESIA	4	6	300.00	50.00	.000	75.00	.01
PERIODONTICS	18	20	2,070.00	103.50		115.00	.05
ENDODONTICS	131	412	38,033.25	92.31	.011	290.33	.99
RESTORATIVE DENTISTRY	542	2,770	131,589.60	47.51	.072	242.79	3.41
PROSTHETICS	0	3	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	15	1,453.00	96.87	.000	484.33	.04
SPACE MAINTAINERS	19	40	4,640.00	116.00	.001	244.21	.12
OTTION THITIMITATION	± <i>J</i>	10	1,010.00	110.00	• 0 0 ±	- 1 1 • - 1	• ± ∠

MAXILLOFACIAL SERVICES	5	19	3,290.30	173.17	.000	658.06	.09
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.02
ORTHODONTIC SERVICES	74	109	6,674.92	61.24	.003	90.20	.17
ALL OTHER SERVICES	32	32	150.00	4.69	.001	4.69	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 17,834
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR ALL MEDICA	ALLY INDIGENT				

							M	ON:	THLY AVERA	GE	
38,579 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	389	1,029	\$	24,912.30	\$	24.21	.027	\$	64.04	\$.65
DIAGNOSTIC AND ANC. PROCED	337	364		14,711.50		40.42	.009		43.65		.38
EYE APPLIANCES	232	657		10,000.09		15.22	.017		43.10		.26
OTHER OPTOMETRIC SERVICES	7	8		200.71		25.09	.000		28.67		.01
@CHIROPRACTOR	12	16	\$	217.36	\$	13.59	.000	\$	18.11	\$.01
VISITS	12	16		217.36		13.59	.000		18.11		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	34	63	\$	2,840.67	\$	45.09	.002	\$		\$.07
MEDICINE/INJECTIONS	29	30		1,373.82		45.79	.001		47.37		.04
SURGERY/ANES.	6	7		148.40		21.20	.000		24.73		.00
RADIO./PATHOLOGY	6	10		179.92		17.99	.000		29.99		.00
OTHER	9	16		1,138.53		71.16	.000		126.50		.03
@HOME HEALTH AGENCY	14	5 , 512	\$	162,884.90	\$	29.55	.143	\$	11634.64	\$	4.22
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	6	115	\$	2,334.05	\$	20.30	.003	\$	389.01	\$.06
PEDIATRIC NURSE PRACTITIONER	2	3	\$	163.65	\$	54.55	.000	\$	81.83	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5 , 534	20,734	\$	2,089,269.66	\$	100.77	.537	\$	377.53	\$	54.16
HOSP INPATIENT TOTAL	305	1,212		1,471,160.00		1213.83	.031		4823.48		38.13
HSC HOSPITALS	299	1,164		1,347,677.23		1157.80	.030		4507.28		34.93
NON-HSC HOSPITAL TOTAL	7	48		123,482.77		2572.56	.001		17640.40		3.20
ACCOMMODATIONS	7	48		40,879.00		851.65	.001		5839.86		1.06

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
MDANCIMIONAL ID CADE	0	0		.00	.000	.00	
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY	7	0 0 48 0 0 0 0	.00 40,879.00	851.65	.001	5839.86	1 06
ALL OTHER ACCOM	/	48	40,879.00		.001	11000 54	1.06
ANCILLARIES	/	0	82,603.77	.00	.000	11800.54	2.14
INPATIENT CROSSOVERS	U	0 0 0	• 00	.00	.000	.00	.00
ALL OTHER INPATIENT		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,341	19,522	.00 618,109.66 187 525 69	31.66	.000 .000 .000 .506 .132 .007 .111	115.73	16.02
MEDICAL	3,/18	5,0//	107,020.00	36.94	.132	50.44	4.86
SURGERY	226	254	12,993.20	51.15 10.25	.007	57.49	.34
PATHOLOGY	1,273	4,278	43,842.13	10.25	.111	34.44	1.14
RADIOLOGY	827	1,059 6,107	63,973.97	60.41 36.33	.027 .158	77.36	1.66
ROOM USE	4,528	6,107	221,853.77	36.33			5.75
CROSSOVERS/ALL OTH OUTPINT	1,129	2,747	87 , 920.90	32.01	.071	77.88	2.28
@COUNTY HOSPITAL TOTAL	3,329	10,930 \$	923,519.97 565,506.43	\$ 84.49	.283 \$	277.42	\$ 23.94
	3,329 131	493	565,506.43	1147.07	.013		14.66
HSC HOSPITALS	131	493	565,506,43	1147.07	.013	4316.84	14.66
NON-HSC HOSPITALS TOTAL	0	0	.00	1147.07 .00	.000	.00	
ACCOMMODATIONS	0	0	00	.00	.000		.00
ADMINISTRATIVE DAYS	0	0	00	.00	000	0.0	0.0
TRANSITTIONAL TO CARE	0	0	.00	.00	.000	00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	0	.00				
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	U	.00	.00	.000	.00 110.06	.00
CO HOSP OUTPATIENT TOTAL	3,253	10,43/	358,013.54	34.30	.2/1	110.06	9.28
112210112	2 , 636 92	0,112	120,002.71	34.86 75.48	.089	45.52	
SURGERY	92	102	7,698.58	75.48	.003	83.68	
PATHOLOGY	550	1,448 432	15 , 878.63	10.97	.038	28.87	.41
RADIOLOGY	351	432	25 , 156.20	58.23	.011	71.67	
PATHOLOGY RADIOLOGY ROOM USE	2,904	3 , 872	143,500.24	10.97 58.23 37.06	.038 .011 .100	49.41	3.72
CROSSOVERS/ALL OTH OUTPTNT	454	1,141	45,777.15	40.12	.030	100.83	1.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 17,835
MOP024	FEE-FOR-SERVICE						03/14/05
VENTURA COUNTY	SUMMARY OF SERV	VICES FOR ALL MEDICALLY	/ INDIGENT				
					MON	THLY AVERA	GE
38,579 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00,073 22101222	00210	OR DAYS OF CARE	2111 2112 1 1 0 1 1 2 0	PER UNIT/DAY		USER	
@COMMUNITY HOSPITAL TOTAL	2,414	9 804 \$	1,165,749.69			482.91	
COMM HOSP INPATIENT TOTAL	175	710	905,653.57	1259.60	.019	5175 16	23 48
HSC HOSPITALS	160	7 ± 9 671	782,170.80	11.05.00	.017	4628.23	20.40
						4020.23	20.27
NON-HSC HOSPITALS TOTAL	103	10	102,170.00	1103.00	.017	17640 40	2 20
A COOMMOD A DECOME	7	48	123,482.77	2572.56	.001	17640.40	3.20
ACCOMMODATIONS	7 7	48	123,482.77 40,879.00	1165.68 2572.56 851.65	.001	3033.00	20.27 3.20 1.06
ACCOMMODATIONS ADMINISTRATIVE DAYS	7 7 0	48 48	123,482.77 40,879.00 .00	2572.56 851.65	.001	3033.00	± • 0 0
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	7 7 0 0	48 48 0	123,482.77 40,879.00 .00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	7 7 0 0 7	48 48 0 0 48	123,482.77 40,879.00 .00 .00 40,879.00	.00 .00 851.65	.000 .000 .001	.00 .00 5839.86	.00 .00 1.06
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	7 7 0 0 7 7	48 48 0 0 48	123,482.77 40,879.00 .00 .00 40,879.00 82,603.77	.00 .00 851.65 .00	.000 .000 .001 .000	.00 .00 5839.86 11800.54	.00 .00 1.06 2.14
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	7 7 0 0 7 7 7	48 48 0 0 48 0	123,482.77 40,879.00 .00 .00 40,879.00 82,603.77	.00 .00 851.65 .00	.000 .000 .001 .000	.00 .00 5839.86 11800.54	.00 .00 1.06 2.14
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	7 7 0 0 7 7 7 0	UNITS OF SERVICE OR DAYS OF CARE 9,804 \$ 719 671 48 48 0 0 0 48 0	123,482.77 40,879.00 .00 .00 40,879.00 82,603.77 .00 .00	.00 .00 851.65 .00	.000 .000 .001 .000	.00 .00 5839.86 11800.54	.00 .00 1.06 2.14
	7 7 0 0 7 7 7 0 0 0	48 48 0 0 48 0 0 0 0	260,096.12	.00 .00 851.65 .00	.000 .000 .001 .000	.00 .00 5839.86 11800.54	.00 .00 1.06 2.14 .00 .00
ALL OTHER INPATIENT	0	O .	• • • •	.00 .00 851.65 .00 .00	.000 .000 .001 .000 .000	.00 .00 5839.86 11800.54 .00	.00 .00 1.06 2.14 .00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	2,286	9,085	260,096.12	.00 .00 851.65 .00 .00	.000 .000 .001 .000 .000 .000	.00 .00 5839.86 11800.54 .00 .00	.00 .00 1.06 2.14 .00 .00 6.74 1.75
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	2,286 1,165	9,085 1,635	260,096.12 67,522.95	.00 .00 851.65 .00 .00 .00 28.63 41.30	.000 .000 .001 .000 .000 .000 .235	.00 .00 5839.86 11800.54 .00 .00 113.78 57.96	.00 .00 1.06 2.14 .00 .00 6.74 1.75
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	2,286 1,165 135	9,085 1,635 152	260,096.12 67,522.95 5,294.62	.00 .00 851.65 .00 .00 .00 28.63 41.30 34.83	.000 .000 .001 .000 .000 .000 .235 .042	.00 .00 5839.86 11800.54 .00 .00 113.78 57.96 39.22	.00 .00 1.06 2.14 .00 .00 6.74 1.75
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	2,286 1,165 135 741 485	9,085 1,635 152 2,830 627	260,096.12 67,522.95 5,294.62 27,963.50 38,817.77	.00 .00 851.65 .00 .00 .00 28.63 41.30 34.83 9.88	.000 .000 .001 .000 .000 .000 .235 .042 .004	.00 .00 5839.86 11800.54 .00 .00 113.78 57.96 39.22 37.74	.00 .00 1.06 2.14 .00 .00 6.74 1.75 .14
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	2,286 1,165 135 741	9,085 1,635 152 2,830 627 2,235	260,096.12 67,522.95 5,294.62 27,963.50 38,817.77 78,353.53	.00 .00 851.65 .00 .00 .00 28.63 41.30 34.83 9.88 61.91 35.06	.000 .000 .001 .000 .000 .000 .235 .042 .004 .073	.00 .00 5839.86 11800.54 .00 .00 113.78 57.96 39.22 37.74 80.04 44.85	.00 .00 1.06 2.14 .00 .00 6.74 1.75 .14 .72 1.01 2.03
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	2,286 1,165 135 741 485 1,747	9,085 1,635 152 2,830 627	260,096.12 67,522.95 5,294.62 27,963.50 38,817.77	.00 .00 851.65 .00 .00 .00 28.63 41.30 34.83 9.88 61.91 35.06 26.24	.000 .000 .001 .000 .000 .000 .235 .042 .004 .073 .016	.00 .00 5839.86 11800.54 .00 .00 113.78 57.96 39.22 37.74 80.04	.00 .00 1.06 2.14 .00 .00 6.74 1.75 .14 .72 1.01 2.03 1.09

MENTALLY ILL	0	0		.00	.00			.00		.00
DEVELOP. DISABLED	7	214		142,547.99	666.11			364.00		3.69
@NURSING FACILITY	31	1,382	\$	153,213.04	\$ 110.86		\$ 49		\$	3.97
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	31	1,382		153,213.04	110.86	.036	49	942.36		3.97
@INTERMEDIATE CARE FACILDD	24	672	\$	141,374.28	\$ 210.38	.017	\$ 58	390.60	\$	3.66
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	24	672		141,374.28	210.38	.017	58	390.60		3.66
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	52	591	\$	10,369.87	\$ 17.55		\$ 1	99.42	\$.27
HOSPITAL BASED	32	161		3,519.29	21.86			.09.98		.09
INDEPENDENT FACILITY	20	430		6,850.58	15.93	.011	3	342.53		.18
@LABORATORY FACILITY	2,489	6,183	\$	72,635.27	\$ 11.75			29.18	\$	1.88
PATHOLOGY	2,487	6,179	•	72,397.27	11.72			29.11	•	1.88
XO AND OTHERS	4	4		238.00	59.50			59.50		.01
@ORGANIZED OUTPATIENT CLINIC	4,724	7,253	Ś		\$ 108.28		\$ 1	66.24	Ś	20.36
CLINIC	212	469	7	16,986.70	36.22		т -	80.13	т.	. 44
SURGICENTER	9	9		525.72	58.41			58.41		.01
HEROIN DETOX CLINIC	0	0		.00	.00			.00		.00
RURAL HEALTH CLINIC	4,546	6 , 775		767,824.48	113.33			.68.90		19.90
#CALIF DEPT OF HEALTH SERV		•	RES N	MONTH-OF-PAYMENT RI					P	AGE 17,836
MOP024	FEE-FOR-SERVICE				DIOINI ION OI	11, 2001 111110	DEO 20	, 0 1		03/14/05
VENTURA COUNTY		VICES FOR ALL ME	DTCAT	LLY INDIGENT						03/11/00
VENTORAL COONTI	DOINING OF BEIN		DICIII	JHI INDICHNI]	MONTHIA	/ AVERZ	GE.	
38,579 ELIGIBLES	USERS	UNITS OF SERVIC	FC.	EXPENDITURES	AVERAGE CO	OST UNITS/DA		T PER		COST PER
30,373 EEIGIBEE	ООШКО	OR DAYS OF CAR		EXTENDITORES		DAY PER ELI		JSER		ELIGIBLE
@ALL OTHER PROVIDERS	891	8,068	Ŝ	115,585.24	\$ 14.33			29.73		3.00
DURABLE MED. EQUIP.	74	142	٧	15,898.65	111.96			214.85	Υ	.41
BLOOD BANK	0	0		.00	.0(.00		.00
HEARING AID DISPENSERS	0	0		.00	.00			.00		.00
MEDICAL TRANSPORTATION	172	1,860		38,827.71	20.88			225.74		1.01
AMBULANCES/AIR TRANS	167	1,780		25,993.43	14.60			55.65		.67
OTHER TRANS	4	72		224.40	3.12			56.10		.01
OTHER TRANS	8	8		12,609.88	1576.24			576.24		.33
ACUPUNCTURE	0	0		.00	.00			.00		.00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0	0		.00	.00			.00		.00
	93	93		9,765.00	105.00			.00		.25
GENETIC DISEASE TESTING				9,765.00	105.00	.002	1	.05.00		.25
TUMO MODEL NE NE ATRO MOOR						000		55 15		0.1
IHMC, MODEL-NF, NF, AIDS, MSSP	2	6		510.30	85.05			255.15		.01
OCCUPATIONAL THERAPIST	2 9	6 106		510.30 1,393.58	85.05 13.15	.003	1	54.84		.04
OCCUPATIONAL THERAPIST OPTICIAN	2 9 233	6 106 526		510.30 1,393.58 4,590.22	85.05 13.15 8.73	.003 .014	1	54.84 19.70		.04
OCCUPATIONAL THERAPIST	2 9	6 106		510.30 1,393.58	85.05 13.15	.003 .014 .000	1	54.84		.04

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PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

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LOCAL EDUCATION AGENCIES	149	2,288	12,994.01	5.68	.059	87.21		.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	35	2,688	6,872.74	2.56	.070	196.36		.18
@CALIF. CHILDREN SERVICES*	295	8,982	\$ 830,940.72	\$ 92.51	.233	\$ 2816.75	\$ 2	21.54
@XOVER EXCLUDING STATE HOSP**	1	2	\$ 25.20	\$ 12.60	.000	\$ 25.20	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,837 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOP024	FEE-FOR-SERVIC	E/DENTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SER	VICES FOR RENAL DIALYS	S	AID CODES	71		
					MON'	THLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5	329 \$	12,355.92	\$ 37.56	329.000 \$	2471.18	\$ 12355.92
@PHYSICIANS SERVICES	4	62 \$	2,318.99	\$ 37.40	62.000 \$	579.75	\$ 2318.99
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	7	300.00	42.86	7.000	150.00	300.00
HOSPITAL VISITS	2	7	300.00	42.86	7.000	150.00	300.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	11	759.96	69.09	11.000	759.96	759.96
PRINCIPAL SURGEON	1	1	543.93	543.93	1.000	543.93	543.93
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	10	216.03	21.60	10.000	216.03	216.03
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	4	8	798.20	99.78	8.000	199.55	798.20
PATHOLOGY	4	36	460.83	12.80	36.000	115.21	460.83
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	5	19 \$	1,262.79	\$ 66.46	19.000 \$	252.56	
PRESCRIPTION DRUGS	5	19	1,262.79	66.46	19.000	252.56	1262.79
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	5	19	1,262.79	66.46	19.000	252.56	1262.79
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	·
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH	-OF-PAYMENT REPOR	T FOR JAN 20	04 THRU DE	C 2004	PAGE 17,838
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES F	OR RENAL DIALYSIS		AID CODES 7	1		
					MONT	TITT V ATTED A	TT .

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 01 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER PER UNIT/DAY USER OR DAYS OF CARE PER ELIG ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$ \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 @PODIATRIST .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 0 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .00 .000 .00 OTHER 0 .00 .00 .00 .000 .00 0 \$.00 @HOME HEALTH AGENCY .00 .00 .000 \$ \$.00 0 NURSE ANESTHESIST .00 \$.00 .000 .00 \$.00 0 .00 NURSE MIDWIFE .00 \$.00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 \$.00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 0 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM 0 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 0 .00 .00 PATHOLOGY .00 .000 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 0 CROSSOVERS/ALL OTH OUTPTNT .00 .00 .000 .00 .00 @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL 0 .00 .00 HSC HOSPITALS .00 .000 .00 0 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	Λ	\cap	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MONT					PAGE 17,839
MOP024	FEE-FOR-SERVICE/DEN		11 01 111111111111111111111111111111111	101(1 101(0111(2	LOUI IIIIO DE	0 2001	03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES			AID CODES	71		00/ 11/ 00
					MON	THLY AVERA	GE
01 ELIGIBLES	USERS UNI	IS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
01 ELIGIBLES		IS OF SERVICE DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
01 ELIGIBLES @COMMUNITY HOSPITAL TOTAL			EXPENDITURES .00		, -	USER	ELIGIBLE
		DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		DAYS OF CARE	.00	PER UNIT/DAY \$.00	PER ELIG .000 \$	USER .00	ELIGIBLE \$.00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL		DAYS OF CARE	.00	PER UNIT/DAY \$.00 .00	PER ELIG .000 \$	USER .00 .00	ELIGIBLE \$.00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS		DAYS OF CARE	.00	PER UNIT/DAY \$.00 .00 .00	PER ELIG .000 \$.000 .000	USER .00 .00	ELIGIBLE \$.00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL		DAYS OF CARE	.00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00	PER ELIG .000 \$.000 .000	USER .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS		DAYS OF CARE	.00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000	USER .00 .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS		DAYS OF CARE	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE		DAYS OF CARE	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM		DAYS OF CARE	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES		DAYS OF CARE	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS		DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT		DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	248	\$	8,774.14	\$	35.38	248.000	\$	2193.54	\$	8774.14
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	248		8,774.14		35.38	248.000		2193.54		8774.14
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES MONTH-	-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 17,840
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	RENAL	DIALYSIS			AID CODES	S 71				
							M	TNO	HLY AVERA	.GE	

					MON	THLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,841 FEE-FOR-SERVICE/DENTAL

03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

VENIURA COUNTI	SUMMARI OF SERV.	ICES FOR IOIAL	PARLN.	LERAL NUIRIIION	AID CODES	13		
						MON	THLY AVERAC	SE
00 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR	RΕ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4	122	\$	85 , 623.26	\$ 701.83	.000 \$	21405.82	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
	0		0	\$.00	\$.00		\$.00	\$.00
@DENTIST	•		0	Ş		Ş			Ą		Ą	
VISITS - DIAGNOSTIC	0				.00		.00	.000		.00		.00
ORAL SURGERY	•		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXE	PENDIT	URES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 17,842
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR	TOTAL	PARENT	TERAL NUTRITION		AID CODES	73				
								M	IONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAI	RE		PER	UNIT/DAY	PER ELIC	j	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	Ś	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	т	.00	т	.00	.000	Τ.	.00	т	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	ې S	.00	۶ \$.00	.000		.00	\$.00
	0		0	Ş	.00	Ş	.00	.000	Ą	.00	Ą	.00
HOSP INPATIENT TOTAL	0		0									
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	•		-					.000				
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ATT OPUED TAIDAPTEAM	\cap		<u> </u>		0.0		\cap	$\cap \cap \cap$		\cap		$\cap \cap$

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ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DEC	2004	PAGE 17,843
MOP024	FEE-FOR-SERVICE/DEN	NTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	TOD MOMAT DADENM	CDAT MIIMDIMION	AID CODES	72		
VENTORA COUNTI	DOMINALL OF DELLATOR	S FOR IOIAL PARENT	ERAL NUIRIIION	AID CODES	13		
VENTORA COUNTI	SOMMANI OF SERVICE.	S FOR IOIAL PARENI	ERAL NUIRIIION	AID CODES	MONT	HLY AVERA	GE
		ITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT		GE COST PER
	USERS UN				MONT UNITS/DAYS		COST PER
	USERS UN	ITS OF SERVICE		AVERAGE COST	MONT UNITS/DAYS	COST PER	COST PER ELIGIBLE
00 ELIGIBLES	USERS UN	ITS OF SERVICE R DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONT UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS UN: OI	ITS OF SERVICE R DAYS OF CARE 0 \$	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00	MONT UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00	COST PER ELIGIBLE \$.00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS UN: OI	ITS OF SERVICE R DAYS OF CARE 0 \$ 0	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$.00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS UN: OI 0 0 0	ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS UN: OI 0 0 0	ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS UN: OF	ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS UN: OF	ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS UN: OF	ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS UN: OF	ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS UN: OF	ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS UN: OH	ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS UNTO OF	ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS UNI OF	ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS UNTO OF	ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS UN: OH	ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	USERS UNI OF	ITS OF SERVICE R DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS UN: OH	O SERVICE R DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	USERS UN: OH	O SERVICE R DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS UN: OH	O SERVICE R DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .

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DEVELOP. DISABLED

LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

@NURSING FACILITY

LEV B-REHAB MD

LEV B-REGULAR

ICF DDH

ICF DD

85,623.26

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ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXE	PENDITUR	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 17,844
MOP024	FEE-FOR-SERVICE/D	ENTAL										03/14/05
MOP024 VENTURA COUNTY	FEE-FOR-SERVICE/D SUMMARY OF SERVIC		TOTAL P	PARENT	ERAL NUTRITION		AID CODES	73				03/14/05
			TOTAL P	PARENT	ERAL NUTRITION		AID CODES		ONT	HLY AVERA	GE -	03/14/05
	SUMMARY OF SERVIC				ERAL NUTRITION EXPENDITURES		AID CODES	M		HLY AVERA		03/14/05 OST PER
VENTURA COUNTY	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE	2		AVE		M UNITS/DAY PER ELIG	S	COST PER USER	С	
VENTURA COUNTY	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE	2	EXPENDITURES .00	AVE	RAGE COST	UNITS/DAY PER ELIG	S	COST PER USER .00	С	OST PER
VENTURA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE	2	EXPENDITURES .00 .00	AVE	ERAGE COST R UNIT/DAY .00 .00	UNITS/DAY PER ELIG .000 .000	S	COST PER USER .00	C E	COST PER LIGIBLE .00
VENTURA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE	2	EXPENDITURES .00 .00 .00	AVE	CRAGE COST R UNIT/DAY .00 .00	UNITS/DAY PER ELIG .000 .000	S	COST PER USER .00 .00	C E	COST PER LIGIBLE .00 .00
VENTURA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE	2	EXPENDITURES	AVE	CRAGE COST R UNIT/DAY .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S	COST PER USER .00 .00 .00	C E	COST PER LIGIBLE .00 .00 .00 .00
VENTURA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE	2	EXPENDITURES	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S	COST PER USER .00 .00 .00 .00	C E	OST PER LIGIBLE .00 .00 .00 .00 .00 .00
VENTURA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE	2	EXPENDITURES	AVE	CRAGE COST R UNIT/DAY .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S	USER	C E	COST PER LIGIBLE .00 .00 .00 .00
VENTURA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE	2	EXPENDITURES	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S	USER	C E	COST PER 1.1GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
VENTURA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE	2	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	USER	C E	COST PER 1.1GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
VENTURA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE	2	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	USER	C E	COST PER 1.1GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
VENTURA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE	2	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	USER	C E	COST PER 1.1GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

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^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,845
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

----- MONTHLY AVERAGE -----00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .000 \$ 19755.06 \$ @TOTAL, ALL PROVIDERS 39,510.11 647.71 .00 @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$.00 \$.00 .00 OUTPATIENT VISITS 0 .00 .00 .000 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 INPATIENT VISITS .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 CRITICAL CARE .00 .000 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .000 ASSISTANT SURGEON .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 .000 DIALYSIS .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 PSYCHIATRY .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-	PAYMENT RE	PORT FOR JAN	2004 THRU	DEC 2004	PAGE 17,846
MOP024	FEE-FOR-SERVICE/DENTAI							03/14/05

SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

VENTURA COUNTY

							MC	TNC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 20	004 THRU DEC	2004	PAGE 17,847
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56 5	57		
				_	MONTH	ILY AVERAG	F

					MO	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	2	61 \$	39,510.11	\$ 647.71		\$ 19755.06	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	2	61	39,510.11	647.71	.000	19755.06	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF	-PAYMENT REF	PORT FO	R JAN 2004	THRU	DEC 20)4	PAG	E 17,848
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	IRCA ALI	ENS	AID CO	ODES 51	52 56 57					

VENTORA COUNTI	SOUTHWILL OF SELV	VICES FOR INCA AL	TEINO	AID V	CODES 31 32 30	57		
						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBL
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.0
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.0
BLOOD BANK	0	0		.00	.00	.000	.00	.0
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.0
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.0
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.0
OTHER TRANS	0	0		.00	.00	.000	.00	.0
OTHER SERVICES	0	0		.00	.00	.000	.00	.0
ACUPUNCTURE	0	0		.00	.00	.000	.00	.0
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.0
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.0
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.0
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.0
OPTICIAN	0	0		.00	.00	.000	.00	. 0
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	. 0
PORTABLE X-RAY	0	0		.00	.00	.000	.00	. 0
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	. 0
PROSTHETICS	0	0		.00	.00	.000	.00	. 0
ORTHOTICS	0	0		.00	.00	.000	.00	.0
PSYCHOLOGIST	0	0		.00	.00	.000	.00	. 0
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	. 0
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.0
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.0
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	. (
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	. 0
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	. 0
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.0
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.0
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.0

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00

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03/14/05

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

MOP024 FEE-FOR-SERVICE/DENTAL
VENTURA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

					MON	NTHLY AVERA	4GE	
13,972 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	5 , 928	69 , 976	\$ 4,565,942.42	\$ 65.25	5.008 \$	770.23	\$	326.79
@PHYSICIANS SERVICES	1,877	10,435	\$ 501,702.46	\$ 48.08	.747 \$	267.29	\$	35.91
OUTPATIENT VISITS	486	874	40,874.80	46.77	.063	84.10		2.93
OFFICE VISITS	68	81	3,942.64	48.67	.006	57.98		.28
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	287	311	20,390.52	65.56	.022	71.05		1.46
PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73		.00
OB VISITS/COMPRE PERI	138	467	15,899.42	34.05	.033	115.21		1.14
OTHER OUTPATIENT	10	14	573.49	40.96	.001	57.35		.04
INPATIENT VISITS	459	1 , 578	88 , 360.80	56.00	.113	192.51		6.32
HOSPITAL VISITS	410	1,322	55 , 542.81	42.01	.095	135.47		3.98
CRITICAL CARE	47	233	32 , 251.35	138.42	.017	686.20		2.31
SNF/ICF/TRANS IP CARE	17	23	566.64	24.64	.002	33.33		.04
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.000	57.79		.00
EXAMINATIONS	1	1	57.79	57.79	.000	57.79		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	465	2,476	217,240.66	87.74	.177	467.18		15.55
PRINCIPAL SURGEON	295	351	170,271.55	485.10	.025	577.19		12.19
ASSISTANT SURGEON	30	30	5 , 417.50	180.58	.002	180.58		.39
ANESTHESIOLOGIST	194	2 , 095	41,551.61	19.83	.150	214.18		2.97
OUTPATIENT SURGERY	62	137	11,596.47	84.65	.010	187.04		.83
PRINCIPAL SURGEON	47	61	9 , 575.81	156.98	.004	203.74		.69

1	1		93.08		93.08	.000		93.08		.01
15	75		1,927.58		25.70	.005		128.51		.14
171	756		46,282.56		61.22	.054		270.66		3.31
330	2 , 555		21,175.49		8.29	.183		64.17		1.52
740	1,626		62,469.63		38.42	.116		84.42		4.47
0	0		.00		.00	.000		.00		.00
3	5		154.99		31.00	.000		51.66		.01
247	427		13,489.27		31.59	.031		54.61		.97
2,163	5 , 965	\$	293,489.22	\$	49.20	.427	\$	135.69	\$	21.01
2,104	5 , 689		280,486.19		49.30	.407		133.31		20.07
33	413		15 , 045.78		36.43	.030		455.93		1.08
2,074	5 , 276		265,440.41		50.31	.378		127.98		19.00
			•			.020				.93
		\$		\$.008	\$		\$.26
						.006				.07
11	12									.03
0	0									.00
1	1									.00
0	1									.00
2	3					.000				.00
2	11		589.00		53.55	.001		294.50		.04
0	0									.00
0	0									.00
0	0									.00
0	0									.00
2	3		•							.11
0	0									.00
1	1									.00
		RES M	ONTH-OF-PAYMENT RE	EPOR'	r for Jan	2004 THRU	DEC	2004	PA	GE 17,850
										03/14/05
SUMMARY OF SERVICES	FOR MI/MN	ALIEN	WITHOUT SIS AID O	CODE	55 58 5F					
	171 330 740 0 3 247 2,163 2,104 33 2,074 135 32 31 11 0 1 0 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0	171 756 330 2,555 740 1,626 0 0 0 3 5 247 427 2,163 5,965 2,104 5,689 33 413 2,074 5,276 135 276 32 114 31 82 11 12 0 0 0 1 1 1 0 1 0 1 2 3 2 11 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	171 756 330 2,555 740 1,626 0 0 0 3 5 247 427 2,163 5,965 \$ 2,104 5,689 33 413 2,074 5,276 135 276 32 114 \$ 31 82 11 12 0 0 0 1 1 1 0 1 2 3 3 2 111 0 0 0 1 1 0	15	15 75 1,927.58 171 756 46,282.56 330 2,555 21,175.49 740 1,626 62,469.63 0 0 3 5 154.99 247 427 13,489.27 2,163 5,965 \$ 293,489.22 \$ 2,104 5,689 280,486.19 33 413 15,045.78 2,074 5,276 265,440.41 135 276 13,003.03 32 114 \$ 3,645.75 \$ 31 82 975.75 11 12 426.00 0 0 0 0 1 55.00 1 1 55.00 2 3 0	15 75 1,927.58 25.70 171 756 46,282.56 61.22 330 2,555 21,175.49 8.29 740 1,626 62,469.63 38.42 0 0 .00 .00 3 5 154.99 31.00 247 427 13,489.27 31.59 2,163 5,965 \$ 293,489.22 \$ 49.20 2,104 5,689 280,486.19 49.30 33 413 15,045.78 36.43 2,074 5,276 265,440.41 50.31 135 276 13,003.03 47.11 32 114 \$ 3,645.75 \$ 31.98 31 82 975.75 11.90 11 12 426.00 35.50 0 0 .00 .00 2 3 .00 .00 2 3 .00 .00 0 0 .00 .00	15 75 1,927.58 25.70 .005 171 756 46,282.56 61.22 .054 330 2,555 21,175.49 8.29 .183 740 1,626 62,469.63 38.42 .116 0 0 0 .00 .00 .00 .00 3 5 154.99 31.00 .000 247 427 13,489.27 31.59 .031 2,163 5,965 \$ 293,489.22 \$ 49.20 .427 2,104 5,689 280,486.19 49.30 .407 33 413 15,045.78 36.43 .030 2,074 5,276 265,440.41 50.31 .378 135 276 13,003.03 47.11 .020 32 114 \$ 3,645.75 \$ 31.98 .008 31 82 975.75 11.90 .006 11 12 426.00 35.50 .001 0 0 0 .00 .00 .000 0 1 55.00 .000 0 1 55.00 .000 0 1 55.00 .000 0 0 .00 .00 .00 0 0 0 .00 .000 0 0 0 .00 .0	15 75 1,927.58 25.70 .005 171 756 46,282.56 61.22 .054 330 2,555 21,175.49 8.29 .183 740 1,626 62,469.63 38.42 .116 0 0 0 .00 .00 .00 .00 3 5 154.99 31.00 .000 247 427 13,489.27 31.59 .031 2,163 5,965 \$ 293,489.22 \$ 49.20 .427 \$ 2,104 5,689 280,486.19 49.30 .407 33 413 15,045.78 36.43 .030 2,074 5,276 265,440.41 50.31 .378 135 276 13,003.03 47.11 .020 32 114 \$ 3,645.75 \$ 31.98 .008 \$ 31 82 975.75 11.90 .006 11 12 426.00 35.50 .001 0 0 0 .00 .00 .000 0 1 555.00 55.00 .000 0 1 555.00 55.00 .000 0 2 32 31 550 .001 0 0 0 .00 .00 .000 0 0 0 .00 .00 .000 0 0 0 .00 .0	15 75 1,927.58 25.70 .005 128.51 171 756 46,282.56 61.22 .054 270.66 330 2,555 21,175.49 8.29 .183 64.17 740 1,626 62,469.63 38.42 .116 84.42 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 3 51.66 247 427 13,489.27 31.59 .031 54.61 2,163 5,965 \$293,489.22 \$49.20 .427 \$135.69 2,104 5,689 280,486.19 49.30 .407 133.31 33 413 15,045.78 36.43 .030 455.93 2,074 5,276 265,440.41 50.31 378 127.98 135 276 13,003.03 47.11 .020 96.32 32 114 \$3,645.75 \$31.98 .008 \$113.93 31 82 975.75 11.90 .006 31.48 11 12 426.00 35.50 .001 38.73 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	15

							M	CNO	THLY AVERA	GΕ	
13,972 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	:		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4	6	\$	359.70	\$	59.95	.000	\$	89.93	\$.03
NURSE ANESTHESIST	1	8	\$	136.87	\$	17.11	.001	\$	136.87	\$.01
NURSE MIDWIFE	12	99	\$	6,226.30	\$	62.89	.007	\$	518.86	\$.45
PEDIATRIC NURSE PRACTITIONER	4	5	\$	299.58	\$	59.92	.000	\$	74.90	\$.02
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,807	16,485	\$	2,551,444.12	\$	154.77	1.180	\$	908.96	\$	182.61
HOSP INPATIENT TOTAL	535	1,905		2,084,507.54		1094.23	.136		3896.28		149.19
HSC HOSPITALS	529	1,882		2,051,421.18		1090.02	.135		3877.92		146.82
NON-HSC HOSPITAL TOTAL	6	23		32,210.36		1400.45	.002		5368.39		2.31
ACCOMMODATIONS	6	23		12,452.66		541.42	.002		2075.44		.89

ADMINISTRATIVE DAYS							
ADMINISTRATIVE DATS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	23	12,452.66	541.42	.002	2075.44	.89
ANCILLARIES	6	0	19,757.70	.00	.000	3292.95	1.41
	1	0	876.00	.00		876.00	
INPATIENT CROSSOVERS	0	0			.000		.06
ALL OTHER INPATIENT	0 2 , 503	0 0 14,580	.00	.00	.000	.00	.00
	2,503	14,580	466,936.58	32.03	1.044	186.55	33.42
MEDICAL	289	397	16,020.12	40.35	.028	55.43	1.15
SURGERY	159	191	8,075.34	42.28	.014	50.79	.58
PATHOLOGY	1,178	4,186	41,850.55	10.00	.300	35.53	3.00
RADIOLOGY	553	730	73,309.10	10.00 100.42	.052	132.57	5.25
ROOM USE	1,714	2,906	105,352.52	36.25	.208	61.47	7.54
CROSSOVERS/ALL OTH OUTPTNT		6 , 170	222,328.95	36 03	442	137.75	15.91
@COUNTY HOSPITAL TOTAL	1,857	10,828 \$	1,466,181.83		775 \$	789.54	
CO HOSPITAL INPATIENT TOTAL	260	965	1,122,367.34	1163.07	.069	4187.94	80.33
	268 268	965					
HSC HOSPITALS			1,122,367.34	1163.07	.069	4187.94	80.33
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL		9,863	343,814.49	34.86	.706	198 16	24.61
	190	247	9,604.18	38.88	.018	198.16 50.55	.69
MEDICAL		79					
SURGERY	67		4,681.24	59.26	.006	69.87	.34
PATHOLOGY	809	2,468	25,426.89	10.30	.177	31.43	1.82
RADIOLOGY	324	413	46,642.79	112.94		143.96	3.34
ROOM USE	1 010	2 202		26 75	1 = 0	(())	F 70
	1,219	2,202	80,913.40	36.75	.158	66.38	5.79
CROSSOVERS/ALL OTH OUTPTNT		2,202 4,454	80,913.40 176,545.99	36.75	.158	157.35	12.64
	1,122		176,545.99	39.64	.319	157.35	12.64
CROSSOVERS/ALL OTH OUTPTNT	1,122	4,454 CES AND EXPENDITURES MO	176,545.99	39.64	.319	157.35	
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE	4,454 CES AND EXPENDITURES MO E/DENTAL	176,545.99 NTH-OF-PAYMENT RI	39.64 EPORT FOR JAN	.319	157.35	12.64 PAGE 17,851
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE	4,454 CES AND EXPENDITURES MO	176,545.99 NTH-OF-PAYMENT RI	39.64 EPORT FOR JAN	.319 2004 THRU DE	157.35 C 2004	12.64 PAGE 17,851 03/14/05
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY	1,122 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERV	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID	39.64 EPORT FOR JAN CODE 55 58 5F	.319 2004 THRU DE	157.35 C 2004 THLY AVERA	12.64 PAGE 17,851 03/14/05 GE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE	176,545.99 NTH-OF-PAYMENT RI	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST	.319 2004 THRU DE MON UNITS/DAYS	157.35 C 2004 THLY AVERA COST PER	12.64 PAGE 17,851 03/14/05 GE COST PER
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES	1,122 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERV USERS	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY	.319 2004 THRU DE MON UNITS/DAYS PER ELIG	157.35 C 2004 THLY AVERA COST PER USER	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$	157.35 C 2004 THLY AVERA COST PER USER 1048.56	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .002	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0 0	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36 12,452.66	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .002	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31 .89
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0 0 0 6	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36 12,452.66 .00 .00	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42 .00	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .002 .000	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44 .00 .00	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31 .89 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0 0 0 6	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917 23 23 23 0 0	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36 12,452.66 .00 .00 12,452.66	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42 .00 .00 541.42	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .002 .000 .000 .000	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44 .00 .00 2075.44	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31 .89 .00 .00 .89
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0 0 0 6	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917 23 23 23 0 0 23 0	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36 12,452.66 .00 .00 12,452.66 19,757.70	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42 .00 .00 541.42 .00	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .002 .000 .000 .000 .000	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44 .00 .00 2075.44 3292.95	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31 .89 .00 .00 .89 1.41
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0 0 6 6 6 1	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917 23 23 23 0 0 23 0 0	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36 12,452.66 00 00 12,452.66 19,757.70 876.00	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42 .00 .00 541.42 .00 .00	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .002 .000 .000 .000 .000	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44 .00 .00 2075.44 3292.95 876.00	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31 .89 .00 .00 .89 1.41 .06
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0 0 6 6 1 0	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917 23 23 23 0 0 23 0 0 0 23	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36 12,452.66 .00 .00 12,452.66 19,757.70 876.00 .00	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42 .00 .00 541.42 .00 .00 .00 .00	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .002 .000 .000 .000 .000 .000	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44 .00 .00 2075.44 3292.95 876.00 .00	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31 .89 .00 .00 .89 1.41 .06 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0 0 6 6 1 0 834	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917 23 23 23 0 0 23 0 4,717	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36 12,452.66 000 12,452.66 19,757.70 876.00 00 123,122.09	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42 .00 .00 541.42 .00 .00 .00 26.10	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .002 .000 .000 .000 .000 .000	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44 .00 .00 2075.44 3292.95 876.00 .00	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31 .89 .00 .00 .89 1.41 .06 .00 8.81
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0 0 6 6 1 0 834 101	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917 23 23 23 0 0 23 0 4,717 150	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36 12,452.66 00 12,452.66 19,757.70 876.00 00 123,122.09 6,415.94	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42 .00 .00 541.42 .00 .00 26.10 42.77	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .002 .000 .000 .000 .000 .000	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44 .00 .00 2075.44 3292.95 876.00 .00 147.63 63.52	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31 .89 .00 .00 .89 1.41 .06 .00 8.81 .46
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0 0 6 6 1 0 834 101 92	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917 23 23 23 0 0 23 0 4,717 150 112	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36 12,452.66 000 12,452.66 19,757.70 876.00 00 123,122.09 6,415.94 3,394.10	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42 .00 .00 541.42 .00 .00 26.10 42.77 30.30	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .002 .000 .000 .000 .000 .000	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44 .00 .00 2075.44 3292.95 876.00 .00 147.63 63.52 36.89	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31 .89 .00 .00 .89 1.41 .06 .00 8.81 .46 .24
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0 0 0 6 6 1 0 834 101 92 386	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917 23 23 23 0 0 23 0 4,717 150 112 1,718	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36 12,452.66 000 12,452.66 19,757.70 876.00 00 123,122.09 6,415.94 3,394.10 16,423.66	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42 .00 .00 541.42 .00 .00 26.10 42.77 30.30 9.56	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .002 .000 .000 .000 .000 .000	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44 .00 .00 2075.44 3292.95 876.00 .00 147.63 63.52 36.89 42.55	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31 .89 .00 .00 .89 1.41 .06 .00 8.81 .46 .24 1.18
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0 0 0 6 6 1 0 834 101 92 386 234	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917 23 23 0 0 0 4,717 150 112 1,718 317	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36 12,452.66 000 12,452.66 19,757.70 876.00 00 123,122.09 6,415.94 3,394.10 16,423.66 26,666.31	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42 .00 .00 541.42 .00 .00 26.10 42.77 30.30 9.56 84.12	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .002 .000 .000 .000 .000 .000	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44 .00 .00 2075.44 3292.95 876.00 .00 147.63 63.52 36.89 42.55 113.96	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31 .89 .00 .00 .89 1.41 .06 .00 8.81 .46 .24 1.18 1.91
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0 0 0 6 6 1 0 834 101 92 386	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917 23 23 0 0 0 4,717 150 112 1,718 317 704	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36 12,452.66 .00 .00 12,452.66 19,757.70 876.00 .00 123,122.09 6,415.94 3,394.10 16,423.66 26,666.31 24,439.12	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42 .00 .00 541.42 .00 .00 26.10 42.77 30.30 9.56 84.12 34.71	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .000 .000 .000 .000 .000 .000	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44 .00 .00 2075.44 3292.95 876.00 .00 147.63 63.52 36.89 42.55 113.96 47.55	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31 .89 .00 .00 .89 1.41 .06 .00 8.81 .46 .24 1.18 1.91 1.75
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0 0 0 6 6 1 0 834 101 92 386 234	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917 23 23 0 0 0 4,717 150 112 1,718 317	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36 12,452.66 000 12,452.66 19,757.70 876.00 00 123,122.09 6,415.94 3,394.10 16,423.66 26,666.31	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42 .00 .00 541.42 .00 .00 26.10 42.77 30.30 9.56 84.12	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .002 .000 .000 .000 .000 .000	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44 .00 .00 2075.44 3292.95 876.00 .00 147.63 63.52 36.89 42.55 113.96	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31 .89 .00 .00 .89 1.41 .06 .00 8.81 .46 .24 1.18 1.91
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 VENTURA COUNTY 13,972 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	1,122 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,035 269 262 6 6 0 0 0 834 101 92 386 234 514	4,454 CES AND EXPENDITURES MO E/DENTAL VICES FOR MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 5,657 \$ 940 917 23 23 0 0 0 4,717 150 112 1,718 317 704	176,545.99 NTH-OF-PAYMENT RI WITHOUT SIS AID (EXPENDITURES 1,085,262.29 962,140.20 929,053.84 32,210.36 12,452.66 .00 .00 12,452.66 19,757.70 876.00 .00 123,122.09 6,415.94 3,394.10 16,423.66 26,666.31 24,439.12	39.64 EPORT FOR JAN CODE 55 58 5F AVERAGE COST PER UNIT/DAY \$ 191.84 1023.55 1013.14 1400.45 541.42 .00 .00 541.42 .00 .00 26.10 42.77 30.30 9.56 84.12 34.71	.319 2004 THRU DE MON UNITS/DAYS PER ELIG .405 \$.067 .066 .002 .000 .000 .000 .000 .000 .000	157.35 C 2004 THLY AVERA COST PER USER 1048.56 3576.73 3546.01 5368.39 2075.44 .00 .00 2075.44 3292.95 876.00 .00 147.63 63.52 36.89 42.55 113.96 47.55 90.48	12.64 PAGE 17,851 03/14/05 GE COST PER ELIGIBLE \$ 77.67 68.86 66.49 2.31 .89 .00 .00 .89 1.41 .06 .00 8.81 .46 .24 1.18 1.91 1.75 3.28

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	32	1,081	\$	256,563.37	\$	237.34	.077	\$	8017.61	\$	18.36
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	4	358		162,487.84		453.88	.026		40621.96		11.63
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	28	723		94,075.53		130.12	.052		3359.84		6.73
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	198	16,370	\$	579 , 985.07	\$	35.43	1.172	\$	2929.22	\$	41.51
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	198	16,370		579 , 985.07		35.43	1.172		2929.22		41.51
@REHABILITATION FACILITY	6	38	\$	775.53	\$	20.41	.003	\$	129.26	\$.06
HOSPITAL BASED	2	25		486.18		19.45	.002		243.09		.03
INDEPENDENT FACILITY	4	13		289.35		22.26	.001		72.34		.02
@LABORATORY FACILITY	1,358	5 , 197	\$	77,561.98	\$	14.92	.372	\$	57.11	\$	5.55
PATHOLOGY	1,353	5,188		77,026.48		14.85	.371		56.93		5.51
XO AND OTHERS	9	9		535.50		59.50	.001		59.50		.04
@ORGANIZED OUTPATIENT CLINIC	834	2,156	\$	209,201.76	\$	97.03	.154	\$	250.84	\$	14.97
CLINIC	128	273		12 , 877.98		47.17	.020		100.61		.92
SURGICENTER	16	19		841.57		44.29	.001		52.60		.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	731	1,864		195,482.21		104.87	.133		267.42		13.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES N	MONTH-OF-PAYMENT RE	EPOR'	r for Jan	2004 THRU	DEC	2004	PA	AGE 17,852
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICE	S FOR MI/MN	ALIEN	WITHOUT SIS AID (CODE	55 58 5F					
							M	TNOI	HLY AVERA	GE -	

					MO	NIHLI AVEKAGE	
13,972 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	457	12,017	\$ 84,550.71	\$ 7.04	.860	\$ 185.01 \$	6.05
DURABLE MED. EQUIP.	14	71	1,002.57	14.12	.005	71.61	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	157	10 , 779	44,499.16	4.13	.771	283.43	3.18
AMBULANCES/AIR TRANS	116	1,010	15,367.37	15.22	.072	132.48	1.10
OTHER TRANS	38	9 , 757	29,014.75	2.97	.698	763.55	2.08
OTHER SERVICES	3	12	117.04	9.75	.001	39.01	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	265	266	27,930.00	105.00	.019	105.40	2.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	6	20	611.52	30.58	.001	101.92	.04
PROSTHETIST/ORTHOTISTS	15	17	1,349.18	79.36	.001	89.95	.10
PROSTHETICS	15	17	1,349.18	79.36	.001	89.95	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	6	244.70	40.78	.000	244.70	.02
HOSPICE SERVICES	3	58	8,480.70	146.22	.004	2826.90	.61
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	800	432.88	.54	.057	108.22	.03
@CALIF. CHILDREN SERVICES*	81	719	\$ 162,512.08	\$ 226.03	.051	\$ 2006.32	\$ 11.63
@XOVER EXCLUDING STATE HOSP**	5	19	\$ 958.75	\$ 50.46	.001	\$ 191.75	\$.07

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,853
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

VENTURA COUNTY	SUMMARY OF SERV	VICES FOR REFUGEES	AID	CODES 01 02 08	0A		
					MON'	THLY AVERA	GE
74 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	65	516 \$	19,979.87	\$ 38.72	6.973 \$	307.38	\$ 270.00
@PHYSICIANS SERVICES	28	71 \$	2,567.47	\$ 36.16	.959 \$	91.70	\$ 34.70
OUTPATIENT VISITS	25	38	1,344.27	35.38	.514	53.77	18.17
OFFICE VISITS	21	33	1,161.71	35.20	.446	55.32	15.70
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	182.56	36.51	.068	36.51	2.47
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	168.86	42.22	.054	42.22	2.28
EXAMINATIONS	4	4	168.86	42.22	.054	42.22	2.28
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	10	742.61	74.26	.135	247.54	10.04
PRINCIPAL SURGEON	3	10	742.61	74.26	.135	247.54	10.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	11.71	5.86	.027	5.86	.16
RADIOLOGY	1	1	15.59	15.59	.014	15.59	.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	81.74	40.87	.027	81.74	1.10
OTHER SERVICES/ALL X-OVERS	6	14	202.69	14.48	.189	33.78	2.74
@PHARMACY	24	47 \$	1,695.50	\$ 36.07	.635 \$	70.65	\$ 22.91
PRESCRIPTION DRUGS	24	47	1,695.50	36.07	.635	70.65	22.91
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	24	47	1,695.50	36.07	.635	70.65	22.91
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	12	87 \$	3,910.00	\$ 44.94	1.176 \$	325.83	\$ 52.84
VISITS - DIAGNOSTIC	8	61	646.00	10.59	.824	80.75	8.73
ORAL SURGERY	2	3	128.00	42.67	.041	64.00	1.73
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	1	1		118.00	118.00	.014	118.00		1.59
ENDODONTICS	4	6		1,840.00	306.67	.081	460.00		24.86
RESTORATIVE DENTISTRY	7	13		938.00	72.15	.176	134.00		12.68
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	1	2		240.00	120.00	.027	240.00		3.24
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	1		.00	.00	.014	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURE	ES MO	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	EC 2004		E 17,854
MOP024	FEE-FOR-SERVICE/	DENTAL							03/14/05
VENTURA COUNTY	SUMMARY OF SERVI	CES FOR REFUGEES	3	AID	CODES 01 02 08	0A			
							NTHLY AVERA	_	
74 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	СО	ST PER
	USERS 1	UNITS OF SERVICE OR DAYS OF CARE			PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	CO EL	IGIBLE
@OPTOMETRIST	USERS 1		\$	90.30	PER UNIT/DAY \$ 22.58	UNITS/DAYS PER ELIG .054	COST PER USER 90.30	CO EL	IGIBLE 1.22
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	USERS 1 1 1		\$	90.30 47.45	PER UNIT/DAY \$ 22.58 47.45	UNITS/DAYS PER ELIG .054 S .014	COST PER USER 90.30 47.45	CO EL	1.22 .64
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	USERS 1 1 1 1		\$	90.30 47.45 42.85	PER UNIT/DAY \$ 22.58 47.45 14.28	UNITS/DAYS PER ELIG .054 .014 .041	COST PER USER 90.30 47.45 42.85	CO EL	1.22 .64 .58
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 1 1 1 1 0		\$	90.30 47.45 42.85	PER UNIT/DAY \$ 22.58 47.45 14.28 .00	UNITS/DAYS PER ELIG .054 .014 .041 .000	COST PER USER 90.30 47.45 42.85	CO EL \$	IGIBLE 1.22 .64 .58 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	USERS 1 1 1 1 0 0		\$	90.30 47.45 42.85 .00	PER UNIT/DAY \$ 22.58 47.45 14.28 .00 \$.00	UNITS/DAYS PER ELIG .054 5 .014 .041 .000 .000 5	COST PER USER 90.30 47.45 42.85 .00	CO EL \$	IGIBLE 1.22 .64 .58 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	USERS 1 1 1 1 0 0 0 0 0		\$	90.30 47.45 42.85 .00 .00	PER UNIT/DAY \$ 22.58 47.45 14.28 .00 \$.00 .00	UNITS/DAYS PER ELIG .054 5 .014 .041 .000 .000 5	COST PER USER 90.30 47.45 42.85 .00 .00	CO EL \$	IGIBLE 1.22 .64 .58 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	USERS 1 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			90.30 47.45 42.85 .00 .00	PER UNIT/DAY \$ 22.58 47.45 14.28 .00 \$.00 .00 .00	UNITS/DAYS PER ELIG .054 .014 .041 .000 .000 .000 .000	COST PER USER 90.30 47.45 42.85 .00 .00 .00	CO EL \$	1.22 .64 .58 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	USERS 1 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		\$ \$	90.30 47.45 42.85 .00 .00 .00	PER UNIT/DAY \$ 22.58 47.45 14.28 .00 \$.00 .00 .00 \$.00	UNITS/DAYS PER ELIG .054 5 .014 .041 .000 .000 .000 .000 .000	COST PER USER 90.30 47.45 42.85 .00 .00 .00	CO EL \$	1.22 .64 .58 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	USERS 1 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			90.30 47.45 42.85 .00 .00 .00 .00	PER UNIT/DAY \$ 22.58 47.45 14.28 .00 \$.00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .054 5 .014 .041 .000 .000 .000 .000 .000 .000	COST PER USER 90.30 47.45 42.85 .00 .00 .00	CO EL \$.1GIBLE 1.22 .64 .58 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	USERS 1 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			90.30 47.45 42.85 .00 .00 .00	PER UNIT/DAY \$ 22.58 47.45 14.28 .00 \$.00 .00 .00 \$.00	UNITS/DAYS PER ELIG .054 5 .014 .041 .000 .000 .000 .000 .000	COST PER USER 90.30 47.45 42.85 .00 .00 .00	CO EL \$	1.22 .64 .58 .00 .00 .00

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OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	11	25	\$	7,761.04	\$	310.44	.338		705.55	\$	104.88
HOSP INPATIENT TOTAL	1	6		7,170.00		1195.00	.081		7170.00		96.89
HSC HOSPITALS	1	6		7,170.00		1195.00	.081		7170.00		96.89
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0 10	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1.0	19		591.04		31.11	.257		59.10		7.99
MEDICAL	7	8		303.35		37.92	.108		43.34		4.10
SURGERY	ņ	0		.00		.00	.000		.00		.00
PATHOLOGY	2	3		16.59		5.53	.041		8.30		.22
RADIOLOGY	1	1		14.28		14.28	.014		14.28		.19
ROOM USE	6	7		256.82		36.69	.095		42.80		3.47
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	Ο	20	\$	7,647.90	\$.270	Ċ		Ċ	103.35
CO HOSPITAL INPATIENT TOTAL	1	6	Ÿ	7,170.00	Y	1195.00	.081		7170.00	Y	96.89
HSC HOSPITALS	1	6		7,170.00		1195.00	.081		7170.00		96.89
NON-HSC HOSPITALS TOTAL	1	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0									
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	U	0		.00		.00	.000		.00		.00
ANCILLARIES	U	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	U			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ü	0		.00		.00	.000 .189		.00		.00
CO HOSP OUTPATIENT TOTAL	/	14		477.90		34.14					6.46
MEDICAL	5	6		247.31		41.22	.081		49.46		3.34
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		7.87		3.94	.027		7.87		.11
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	5	6		222.72		37.12	.081		44.54		3.01
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT R	EPOR	RT FOR JAN 2	2004 THRU D	EC	2004	PI	AGE 17,855
MOP024	FEE-FOR-SERVICE										03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR REFUGEE	ΞS	AID	CODE	S 01 02 08					
							MO				
74 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		С			COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	5	\$	113.14	\$	22.63	.068	\$		\$	1.53
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	5		113.14		22.63	.068		37.71		1.53
MEDICAL	2	2		56.04		28.02	.027		28.02		.76

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		8.72		8.72	.014		8.72		.12
RADIOLOGY	1	1		14.28		14.28	.014		14.28		.19
ROOM USE	1	1		34.10		34.10	.014		34.10		.46
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	43	\$	498.75	\$	11.60	.581	\$	45.34	\$	6.74
PATHOLOGY	11	43		498.75		11.60	.581		45.34		6.74
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	004 THRU	DEC	2004	PI	AGE 17,856
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR REFUGI	EES	AID	CODES	5 01 02 08	0A				
							M	ONT	HLY AVERA	GE -	
74 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVI	ERAGE COST			COST PER		COST PER
			_			/				_	

					MON	ITHLY AVERAG	SE
74 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	9	234 \$	3,146.28	\$ 13.45	3.162 \$	349.59	\$ 42.52
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	17	1,182.86	69.58	.230	591.43	15.98
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	66.56	8.32	.108	16.64	.90
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00		.00	.000	.00	.00
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	9	1,776.45	19	7.38	.122	888.23	24.01
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	1	200	120.41		.60	2.703	120.41	1.63
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,857

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
VENTURA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

							M	ONT	HLY AVERA	ιGΕ	
1,735 ELIGIBLES	USERS	UNITS OF SERVICE	EXP	PENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,886	26,520 \$	1,7	86,237.17	\$	67.35	15.285	\$	947.10	\$	1029.53
@PHYSICIANS SERVICES	555	4,907 \$	2	28,220.35	\$	46.51	2.828	\$	411.21	\$	131.54
OUTPATIENT VISITS	219	316		12,260.88		38.80	.182		55.99		7.07
OFFICE VISITS	156	205		7,540.02		36.78	.118		48.33		4.35
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	37	40		2,693.60		67.34	.023		72.80		1.55
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	5	7		555.02		79.29	.004		111.00		.32
OTHER OUTPATIENT	30	64		1,472.24		23.00	.037		49.07		.85
INPATIENT VISITS	39	122		5,688.64		46.63	.070		145.86		3.28
HOSPITAL VISITS	35	111		4,739.42		42.70	.064		135.41		2.73
CRITICAL CARE	3	8		783.78		97.97	.005		261.26		.45
SNF/ICF/TRANS IP CARE	3	3		165.44		55.15	.002		55.15		.10
OPHTHALMOLOGICAL SERVICES	14	17		678.03		39.88	.010		48.43		.39
EXAMINATIONS	14	17		678.03		39.88	.010		48.43		.39
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	65	774		22,200.72		28.68	.446		341.55		12.80
PRINCIPAL SURGEON	37	41		14,283.24		348.37	.024		386.03		8.23
ASSISTANT SURGEON	4	4		574.82		143.71	.002		143.71		.33
ANESTHESIOLOGIST	31	729		7,342.66		10.07	.420		236.86		4.23
OUTPATIENT SURGERY	58	784		10,060.64		12.83			173.46		5.80
PRINCIPAL SURGEON	32	37		5,795.01		156.62			181.09		3.34
ASSISTANT SURGEON	2	2		185.40		92.70	.001		92.70		.11
ANESTHESIOLOGIST	32	745		4,080.23		5.48	.429		127.51		2.35
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	127	592		6,843.44		11.56			53.89		3.94
RADIOLOGY	260	1,811	1	45,220.96		80.19	1.044		558.54		83.70
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	13	327		20,248.99		61.92	.188		1557.61		11.67
OTHER SERVICES/ALL X-OVERS	83	164		5,018.05		30.60	.095		60.46		2.89
@PHARMACY	1,092	4,441 \$	4	97,322.29	\$	111.98	2.560	\$	455.42	\$	286.64
PRESCRIPTION DRUGS	1,068	3,189	4	92,651.67							283.95
SNF/ICF	7	62		2,797.12		45.11					1.61
OUTPATIENTS	1,062	3,127	4	89,854.55		156.65	1.802		461.26		282.34

MEDICAL SUPPLIES	77	1,252		4,670.62		3.73	.722		60.66		2.69
@DENTIST	110	561	Ś	22,771.00	\$	40.59	.323	¢	207.01	Ś	13.12
VISITS - DIAGNOSTIC	70	309	Ψ.	3,978.00	۲	12.87	.178	Υ	56.83	Ψ	2.29
ORAL SURGERY	25	58		3,536.00		60.97	.033		141.44		2.04
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	9	9		1,062.00		118.00	.005		118.00		.61
ENDODONTICS	12	18		4,347.00		241.50	.010		362.25		2.51
RESTORATIVE DENTISTRY	33	101		6,210.00		61.49	.058		188.18		3.58
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	11	65		3,638.00		55.97	.037		330.73		2.10
DENTURES, STAYPLATES SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
FRACTURES, DISLOCATIONS	0	0					.000		.00		
ORTHODONTIC SERVICES	3	1		.00		.00	.000				.00
ALL OTHER SERVICES				.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDIT	URES MON	TH-OF-PAYMENT R	EPOR'	I FOR JAN 2	2004 THRU I)EC	2004	PA	AGE 17,858
MOP024	FEE-FOR-SERVICE			7	TD 0	ODEIG OM OM	0.0				03/14/05
VENTURA COUNTY	SUMMARY OF SERV	VICES FOR BCCTF	-FEDERAL	A	TID C	ODES OM ON		NTITE!		CE	
1 725 81 1618186	HORDO	INITES OF SERVI	CP		70 7 77		MC			-	
1,735 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		ERAGE COST		5 (COST PER		COST PER
A O DELOMBED I CE	40	OR DAYS OF CA	KE \$	2 0 6 0 0 0		R UNIT/DAY		ċ	USER		ELIGIBLE
@OPTOMETRIST	34	38	Ş	2,868.00	\$	22.94	.072	Ş	71.70	Ş	1.65
DIAGNOSTIC AND ANC. PROCED	31	38 87		1,472.25		38.74	.022		43.30 45.02		.85
EYE APPLIANCES	31			1,395.75		16.04	.050				.80
OTHER OPTOMETRIC SERVICES		0	Ċ	.00	Ċ	.00	.000	ċ	.00	ć	.00
@CHIROPRACTOR	2	4	\$	66.88	\$	16.72	.002	Ş	33.44	Ş	.04
VISITS	2	4		66.88		16.72	.002		33.44		.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	6	10	\$	322.42	\$	32.24	.006	Ş	53.74	\$.19
MEDICINE/INJECTIONS	6	6		243.60		40.60	.003		40.60		.14
SURGERY/ANES.	1	1		20.00		20.00	.001		20.00		.01
RADIO./PATHOLOGY	2	3		58.82		19.61	.002		29.41		.03
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	14	52	Ş	3,535.38	\$	67.99		\$	252.53	\$	2.04
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	1	\$	82.70	\$	82.70		\$	82.70	\$.05
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	1,130	13,150	\$	963 , 935.54	\$	73.30	7.579	\$		\$	555.58
HOSP INPATIENT TOTAL	62	175		200,223.09		1144.13	.101		3229.40		115.40
HSC HOSPITALS	62	175		200,223.09		1144.13	.101		3229.40		115.40
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL ORDED INDAMIEND	^	0		0.0		0.0	000		0.0		0.0

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53,210.20

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58.86

39.04

81.42

12.21

161.57

38.25

.000

.957

.039

.319

.802

1.365

7.478

.00

686.17

90.06

89.43

51.34

311.33

69.01

.00

440.18

37.37

3.14

16.66

51.50

30.67

0

1,113

720

61

563

287

771

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPINT	375	6 , 935	521,951.37	75.26	3.997	1391.87	300.84
@COUNTY HOSPITAL TOTAL	995	11,248 \$	804,648.14	\$ 71.54	6.483 \$	808.69	\$ 463.77
CO HOSPITAL INPATIENT TOTAL	43	115	126,328.03	1098.50	.066	2937.86	72.81
HSC HOSPITALS	43	115	126,328.03	1098.50	.066	2937.86	72.81
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	982	11,133	678,320.11	60.93	6.417	690.75	390.96
MEDICAL	669	1 , 539	60,800.05	39.51	.887	90.88	35.04
SURGERY	51	56	4,999.70	89.28	.032	98.03	2.88
PATHOLOGY	485	1,964	24,354.31	12.40	1.132	50.22	14.04
RADIOLOGY	209	315	59,023.65	187.38	.182	282.41	34.02
ROOM USE	693	1,195	45,844.73	38.36	.689	66.15	26.42
CROSSOVERS/ALL OTH OUTPTNT	308	6,064	483,297.67	79.70	3.495	1569.15	278.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT F	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 17,859
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVI	CES FOR BCCTP-FED	ERAL A	ID CODES OM ON	0 P		
					MON	THLY AVERA	GE
1,735 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	197	1,902 \$,		1.096 \$	808.57	\$ 91.81
COMM HOSP INPATIENT TOTAL	19	60	73,895.06		.035	3889.21	42.59
HSC HOSPITALS	19	60	73,895.06	1231.58	.035	3889.21	42.59
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	186	1,842		85,392.34		46.36	1.062		459.10		49.22
MEDICAL	66	122		4,041.77		33.13	.070		61.24		2.33
SURGERY	10	11		455.59		41.42	.006		45.56		.26
	88	404									
PATHOLOGY				4,548.52		11.26	.233		51.69		2.62
RADIOLOGY	83	238		30,327.29		127.43	.137		365.39		17.48
ROOM USE	97	196		7,365.47		37.58	.113		75.93		4.25
CROSSOVERS/ALL OTH OUTPTNT	75	871		38 , 653.70		44.38	.502		515.38		22.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	4	\$	2,071.30	\$	517.83	.002	\$	1035.65	\$	1.19
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0									
LEV B-REGULAR	2	4		2,071.30		517.83	.002		1035.65		1.19
@INTERMEDIATE CARE FACILDD	Ü	0	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1.4	68	\$	1,476.33	\$	21.71	.039	Ś		\$.85
HOSPITAL BASED	14	68	т	1,476.33	4	21.71	.039	т.	105.45	т.	.85
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	168	686	\$	9,012.15	\$	13.14	.395	ċ	53.64	ċ	5.19
@LABORATORY FACILITY			ş		Ą			Ş		Ą	
PATHOLOGY	168	686		9,012.15		13.14	.395		53.64		5.19
XO AND OTHERS	0	0	_	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	131	210	\$	20,288.57	\$	96.61	.121	Ş	154.87	Ş	11.69
CLINIC	29	43		2,084.64		48.48	.025		71.88		1.20
SURGICENTER	12	13		639.90		49.22	.007		53.33		.37
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	95	154		17,564.03		114.05	.089		184.88		10.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	JRES MONT	CH-OF-PAYMENT R	EPORI	FOR JAN	2004 THRU	DEC	2004	P2	AGE 17,860
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVI	CES FOR BCCTP-	-FEDERAL	A	ID CC	DES OM ON	1 OP				
							M	ОИТ	HLY AVERA	GE -	
1,735 ELIGIBLES	USERS	UNITS OF SERVICE	TE:	EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER	-	COST PER
1,700 EE1012EE0	CELICE	OR DAYS OF CAR		DIN DINDITONDO			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	91	2,301	\$	34,264.26	\$	14.89	1.326		376.53		19.75
	13		Ÿ	1 420 40	Ą			ې	110.65	۲	
DURABLE MED. EQUIP.		22		1,438.40		65.38	.013				.83
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		25.00		25.00	.001		25.00		.01
MEDICAL TRANSPORTATION	16	196		2,423.37		12.36	.113		151.46		1.40
AMBULANCES/AIR TRANS	16	196		2,423.37		12.36	.113		151.46		1.40
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	1	4		75.69		18.92	.002		75.69		.04
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
CHILLIC DICHACE IECTING	O	U		.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.0	0 .000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.0	0 .000	.00	.00
OPTICIAN	29	59	643.57	10.9	1 .034	22.19	.37
PHYSICAL THERAPIST	0	0	.00	.0	0 .000	.00	.00
PORTABLE X-RAY	0	0	.00	.0	0 .000	.00	.00
PROSTHETIST/ORTHOTISTS	15	36	3,462.97	96.1	9 .021	230.86	2.00
PROSTHETICS	0	0	.00	.0	0 .000	.00	.00
ORTHOTICS	15	36	3,462.97	96.1	9 .021	230.86	2.00
PSYCHOLOGIST	0	0	.00	.0	0 .000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.0	0 .000	.00	.00
HOSPICE SERVICES	7	175	24,155.14	138.0	3 .101	3450.73	13.92
NONINST BIRTHING CENTERS	0	0	.00	.0	0 .000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	20.80	10.4	0 .001	20.80	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	0 .000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	0.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	0.000	.00	.00
ALL OTHER PROVIDERS	13	1,806	2,019.32	1.1	2 1.041	155.33	1.16
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.0	0.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	51	163	\$ 5,258.14	\$ 32.2	6 .094	\$ 103.10	\$ 3.03

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,861 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

VENTORA COUNTI	DOMINANT OF DEIN	VICED FOR DCCIL DIAIL	J ONLI AID	CODED OIL OI OO	0 V		
					MON	THLY AVERA	GE
251 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	256	1,852 \$	116,069.95	\$ 62.67	7.378 \$	453.40	\$ 462.43
@PHYSICIANS SERVICES	39	462 \$	17,735.71	\$ 38.39	1.841 \$	454.76	\$ 70.66
OUTPATIENT VISITS	10	10	470.18	47.02	.040	47.02	1.87
OFFICE VISITS	7	7	225.40	32.20	.028	32.20	.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	244.78	81.59	.012	81.59	.98
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	31	1,116.49	36.02	.124	186.08	4.45
HOSPITAL VISITS	6	31	1,116.49	36.02	.124	186.08	4.45
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	32	1,538.43	48.08	.127	256.41	6.13
PRINCIPAL SURGEON	3	3	903.46	301.15	.012	301.15	3.60
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	29	634.97	21.90	.116	211.66	2.53
OUTPATIENT SURGERY	2	8	225.49	28.19	.032	112.75	.90
PRINCIPAL SURGEON	1	1	76.84	76.84	.004	76.84	.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	148.65	21.24	.028	148.65	.59
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	214.71	53.68	.016	107.36	.86
RADIOLOGY	9	91	9,765.88	107.32	.363	1085.10	38.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00	
OTHER SERVICES/ALL X-OVERS	13	286	4,404.53		15.40	1.139	3	38.81		17.55	
@PHARMACY	140	343 \$	51,193.41	\$	149.25	1.367	\$ 3	65.67	\$	203.96	
PRESCRIPTION DRUGS	139	336	50,891.39		151.46	1.339	3	66.13		202.75	
SNF/ICF	0	0	.00		.00	.000		.00		.00	
OUTPATIENTS	139	336	50,891.39		151.46	1.339	3	66.13		202.75	
MEDICAL SUPPLIES	4	7	302.02		43.15	.028		75.51		1.20	
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0	.00		.00	.000		.00		.00	
ORAL SURGERY	0	0	.00		.00	.000		.00		.00	
DRUGS	0	0	.00		.00	.000		.00		.00	
ANESTHESIA	0	0	.00		.00	.000		.00		.00	
PERIODONTICS	0	0	.00		.00	.000		.00		.00	
ENDODONTICS	0	0	.00		.00	.000		.00		.00	
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00	
PROSTHETICS	0	0	.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00	
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00	
ALL OTHER SERVICES	0	0	.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT H	REPORT	FOR JAN	2004 THRU	DEC 20	04	PF	AGE 17,862	

SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

FEE-FOR-SERVICE/DENTAL

MOP024

VENTURA COUNTY

03/14/05

----- MONTHLY AVERAGE -----251 ELIGIBLES EXPENDITURES COST PER USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 .00 \$.00 .00 \$ @OPTOMETRIST 0 .000 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$.00 \$ @CHIROPRACTOR .00 .000 \$.00 .00 VISITS .00 .00 .000 .00 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 .00 MEDICINE/INJECTIONS 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 .00 OTHER 0 .00 .000 .00 .00 .00 \$.00 \$.00 .000 \$ @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST NURSE MIDWIFE .00 .00 .000 \$.00 \$.00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$.00 \$ FAMILY NURSE PRACTITIONER 0 0 .00 .00 .000 \$.00 \$.00 1,008 @TOTAL HOSPITAL 150 43,792.91 43.45 4.016 \$ 291.95 \$ 174.47 HOSP INPATIENT TOTAL 2,200.02 1100.01 .008 2200.02 1100.01 2200.02 HSC HOSPITALS 2,200.02 .008 8.77 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	150	1,006	41,592.89	41.34	4.008	277.29	165.71
MEDICAL	90	170	10,993.25		.677	122.15	43.80
SURGERY	16	21	2,060.49	98.12	.084	128.78	8.21
PATHOLOGY	58	208	2,373.42		.829	40.92	9.46
RADIOLOGY	21	33	4,529.69	137.26	.131	215.70	18.05
ROOM USE	110	170	6,732.99	39.61	.677	61.21	26.82
CROSSOVERS/ALL OTH OUTPINT	31	404	14,903.05	36.89	1.610	480.74	59.37
@COUNTY HOSPITAL TOTAL	142	980 \$	42,759.00	\$ 43.63	3.904	\$ 301.12	\$ 170.35
CO HOSPITAL INPATIENT TOTAL	1	2	2,200.02	1100.01	.008	2200.02	8.77
HSC HOSPITALS	1	2	2,200.02	1100.01	.008	2200.02	8.77
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	142	978	40,558.98	41.47	3.896	285.63	161.59
MEDICAL	86	165	10,770.02	65.27	.657	125.23	42.91
SURGERY	13	17	1,853.02	109.00	.068	142.54	7.38
PATHOLOGY	56	203	2,285.82	11.26	.809	40.82	9.11
RADIOLOGY	20	32	4,303.57	134.49	.127	215.18	17.15
ROOM USE	103	162	6,525.20	40.28	.645	63.35	26.00
CROSSOVERS/ALL OTH OUTPINT	28	399	14,821.35	37.15	1.590	529.33	59.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JAN	2004 THRU D	EC 2004	PAGE 17,863
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	BCCTP-STA	TE-ONLY AID	CODES OR OT O	U OV		

VENTORA COUNTI	SOMMAN OF SER	VICED FOR	DCCII L	JIAID C	MIII AID	СОРЫ	010 01 00			
								MO		
251 ELIGIBLES	USERS	UNITS OF	SERVICE	1	EXPENDITURES			UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE]		PER	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11		28	\$	1,033.91	\$	36.93	.112	\$ 93.99	\$ 4.12
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00	.00
HSC HOSPITALS	0		0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00	.00
ANCILLARIES	0		0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11		28		1,033.91		36.93	.112	93.99	4.12
MEDICAL	5		5		223.23		44.65	.020	44.65	.89
SURGERY	3		4		207.47		51.87	.016	69.16	.83
PATHOLOGY	2		5		87.60		17.52	.020	43.80	.35
RADIOLOGY	1		1		226.12		226.12	.004	226.12	.90
ROOM USE	7		8		207.79		25.97	.032	29.68	.83
CROSSOVERS/ALL OTH OUTPINT	4		5		81.70		16.34	.020	20.43	.33
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0		0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	29	\$	391.83	\$	13.51	.116	\$	43.54	\$	1.56
PATHOLOGY	9	29		391.83		13.51	.116		43.54		1.56
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$	1,403.92	\$	175.49	.032	\$	233.99	\$	5.59
CLINIC	1	1		139.38		139.38	.004		139.38		.56
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	7		1,264.54		180.65	.028		210.76		5.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES MON	TH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 17,864
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICE	S FOR BCCTP-	STATE-O	NLY AID	CODES	OR OT OU	0V				
							M	ONT	HLY AVERA	.GE -	
251 ELIGIBLES	USERS UN	ITS OF SERVICE	€	EXPENDITURES		RAGE COST	UNITS/DAY	S (COST PER	С	OST PER
	C	R DAYS OF CAR	€		PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@ALL OTHER PROVIDERS	2	2	\$	1,552.17	\$	776.09	.008	\$	776.09	\$	6.18
DURABLE MED. EQUIP.	1	1		99.97		99.97	.004		99.97		.40
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	1,452.20	1452.20	.004	1452.20	5.79
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000		
@XOVER EXCLUDING STATE HOSP**	9	287 \$	4,447.07	\$ 15.50	1.143	\$ 494.12	\$ 17.72

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,865
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

V=1110101 0001111	001111111111111111111111111111111111111						
					MO	NTHLY AVERA	GE
1,986 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,142	28,372 \$	1,902,307.12	\$ 67.05	14.286	\$ 888.10	\$ 957.86
@PHYSICIANS SERVICES	594	5 , 369 \$	245,956.06	\$ 45.81	2.703	\$ 414.07	\$ 123.84
OUTPATIENT VISITS	229	326	12,731.06	39.05	.164	55.59	6.41
OFFICE VISITS	163	212	7,765.42	36.63	.107	47.64	3.91
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	40	43	2,938.38	68.33	.022	73.46	1.48
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	7	555.02	79.29	.004	111.00	.28
OTHER OUTPATIENT	30	64	1,472.24	23.00	.032	49.07	.74
INPATIENT VISITS	45	153	6,805.13	44.48	.077	151.23	3.43
HOSPITAL VISITS	41	142	5 , 855.91	41.24	.072	142.83	2.95
CRITICAL CARE	3	8	783.78	97.97	.004	261.26	.39
SNF/ICF/TRANS IP CARE	3	3	165.44	55.15	.002	55.15	.08
OPHTHALMOLOGICAL SERVICES	14	17	678.03	39.88	.009	48.43	.34
EXAMINATIONS	14	17	678.03	39.88	.009	48.43	.34
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	71	806	23,739.15	29.45	.406	334.35	11.95
PRINCIPAL SURGEON	40	44	15,186.70	345.15	.022	379.67	7.65
ASSISTANT SURGEON	4	4	574.82	143.71	.002	143.71	.29
ANESTHESIOLOGIST	34	758	7,977.63	10.52	.382	234.64	4.02
OUTPATIENT SURGERY	60	792	10,286.13	12.99	.399	171.44	5.18
PRINCIPAL SURGEON	33	38	5,871.85	154.52	.019	177.93	2.96

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	2	2		185.40	92.70	.001	92.70		.09
ANESTHESIOLOGIST	33	752		4,228.88	5.62	.379	128.15		2.13
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	129	596		7,058.15	11.84	.300	54.71		3.55
RADIOLOGY	269	1,902		154,986.84	81.49	.958	576.16		78.04
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	13	327		20,248.99	61.92	.165	1557.61		10.20
OTHER SERVICES/ALL X-OVERS	96	450		9,422.58	20.94	.227	98.15		4.74
@PHARMACY	1,232	4,784	\$	548,515.70	\$ 114.66	2.409	\$ 445.22	\$	276.19
PRESCRIPTION DRUGS	1,207	3 , 525		543,543.06	154.20	1.775	450.33		273.69
SNF/ICF	7	62		2,797.12	45.11	.031	399.59		1.41
OUTPATIENTS	1,201	3,463		540,745.94	156.15	1.744	450.25		272.28
MEDICAL SUPPLIES	81	1,259		4,972.64	3.95	.634	61.39		2.50
@DENTIST	110	561	\$	22,771.00	•	.282	•	\$	11.47
VISITS - DIAGNOSTIC	70	309		3,978.00	12.87	.156	56.83		2.00
ORAL SURGERY	25	58		3 , 536.00	60.97	.029	141.44		1.78
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	9	9		1,062.00	118.00	.005	118.00		.53
ENDODONTICS	12	18		4,347.00	241.50	.009	362.25		2.19
RESTORATIVE DENTISTRY	33	101		6,210.00	61.49	.051	188.18		3.13
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	11	65		3,638.00	55.97	.033	330.73		1.83
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	3	1		.00	.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONT	H-OF-PAYMENT REP	PORT FOR JAN	2004 THRU	DEC 2004	P7	AGE 17,866
MOP024	FEE-FOR-SERVICE/DENTA	L							03/14/05

----- MONTHLY AVERAGE -----USERS EXPENDITURES 1,986 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 40 125 2,868.00 \$ 22.94 .063 \$ @OPTOMETRIST 71.70 \$ DIAGNOSTIC AND ANC. PROCED 34 38 1,472.25 38.74 .019 43.30 .74 EYE APPLIANCES 31 87 1,395.75 16.04 .044 45.02 .70 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 66.88 \$ 16.72 .002 \$ 33.44 \$.03 66.88 16.72 33.44 VISITS .002 0 .00 .00 OTHER SERVICES .00 .000 10 @PODIATRIST 322.42 \$ 32.24 .005 \$ 53.74 \$.16 6 MEDICINE/INJECTIONS 243.60 40.60 .003 40.60 .12 20.00 SURGERY/ANES. 20.00 20.00 .001 RADIO./PATHOLOGY 58.82 19.61 .002 29.41 .03 OTHER 0 .00 .00 .000 .00 . 00 @HOME HEALTH AGENCY 14 3,535.38 \$ 67.99 .026 \$ 252.53 \$.00 \$.00 \$ NURSE ANESTHESIST 0 .00 .000 \$.00 NURSE MIDWIFE 1 82.70 \$ 82.70 .001 \$ 82.70 \$.04 .00 .00 .00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$ FAMILY NURSE PRACTITIONER 0 0 .000 \$.00 \$.00 .00 .00 7.129 \$ @TOTAL HOSPITAL 1,280 14,158 1,007,728.45 71.18 787.29 \$ 507.42 63 177 1143.63 202,423.11 .089 3213.07 HOSP INPATIENT TOTAL 63 177 1143.63 3213.07 101.93 HSC HOSPITALS 202,423.11 .089 .00 0 0 .00 .00 NON-HSC HOSPITAL TOTAL .00 .000 ACCOMMODATIONS .00 .000 .00 .00

SUMMARY OF SERVICES FOR BCCTP-TOTAL

VENTURA COUNTY

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,263	13,981		805,305.34	57.60	7.040	637.61	405.49
MEDICAL	810	1,831		75 , 835.07	41.42	.922	93.62	38.18
SURGERY	77	88		7,515.78	85.41	.044	97.61	3.78
PATHOLOGY	621	2,576		31,276.25	12.14	1.297	50.36	15.75
RADIOLOGY	308	586		93,880.63	160.21	.295	304.81	47.27
ROOM USE	881	1,561		59,943.19	38.40	.786	68.04	30.18
CROSSOVERS/ALL OTH OUTPINT	406	7,339		536,854.42	73.15	3.695	1322.30	270.32
@COUNTY HOSPITAL TOTAL	1,137	12,228	\$	847,407.14	\$ 69.30		745.30	\$ 426.69
CO HOSPITAL INPATIENT TOTAL	44	117		128,528.05	1098.53	.059	2921.09	64.72
HSC HOSPITALS	44	117		128,528.05	1098.53	.059	2921.09	64.72
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,124	12,111		718,879.09	59.36	6.098	639.57	361.97
MEDICAL	755	1,704		71,570.07	42.00	.858	94.79	36.04
SURGERY	64	73		6,852.72	93.87	.037	107.07	3.45
PATHOLOGY	541	2,167		26,640.13	12.29	1.091	49.24	13.41
RADIOLOGY	229	347		63,327.22	182.50	.175	276.54	31.89
ROOM USE	796	1,357		52,369.93	38.59	.683	65.79	26.37
CROSSOVERS/ALL OTH OUTPTNT		6 , 463		498,119.02	77.07	3.254	1482.50	250.82
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	C MON					PAGE 17,867
MOP024	FEE-FOR-SERVICE		0 11011	III OF TAIMENT N	BIONI FON OAN 2	OUT THIC DE	C 2004	03/14/05
VENTURA COUNTY		ICES FOR BCCTP-TO	ΠΔΤ.					03/14/03
VENTONA COUNTI	SOMMANI OF SERV	ICES FOR BECTF 10	IVI			MON	תמוע אניבטא	CF
1,986 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
1,700 EDIGIDDES	ODENO	OR DAYS OF CARE		EXTENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	208		\$	160,321.31	\$ 83.07		770.78	
COMM HOSP INPATIENT TOTAL	19	1,950 60	Υ	73,895.06	1231.58	.030	3889.21	37.21
HSC HOSPITALS	19	60		73,895.06	1231.58	.030	3889.21	37.21
USC UOSTITATS	19	00		13,093.00	1431.38	.030	2002.21	3/.41

					MO	NIULL AAFVA	GE
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
208	1 , 930 \$	\$	160,321.31	\$ 83.07	.972	\$ 770.78	\$ 80.73
19	60		73,895.06	1231.58	.030	3889.21	37.21
19	60		73,895.06	1231.58	.030	3889.21	37.21
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
197	1,870		86,426.25	46.22	.942	438.71	43.52
71	127		4,265.00	33.58	.064	60.07	2.15
13	15		663.06	44.20	.008	51.00	.33
90	409		4,636.12	11.34	.206	51.51	2.33
84	239		30,553.41	127.84	.120	363.73	15.38
104	204		7,573.26	37.12	.103	72.82	3.81
79	876		38,735.40	44.22	.441	490.32	19.50
0	0 \$	Ş	.00	\$.00	.000	\$.00	\$.00
	208 19 19 0 0 0 0 0 0 0 197 71 13 90 84 104	OR DAYS OF CARE 208 1,930 5 19 60 19 60 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 208	OR DAYS OF CARE 208	OR DAYS OF CARE 1,930 \$ 160,321.31 \$ 83.07 19 60 73,895.06 1231.58 19 60 73,895.06 1231.58 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS 208 1,930 \$ 160,321.31 \$ 83.07 .972 19 60 73,895.06 1231.58 .030 19 60 73,895.06 1231.58 .030 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 197 1,870 86,426.25 46.22 .942	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 208 1,930 \$ 160,321.31 \$ 83.07 .972 \$ 770.78 19 60 73,895.06 1231.58 .030 3889.21 19 60 73,895.06 1231.58 .030 3889.21 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	4	\$	2,071.30	\$	517.83	.002	\$	1035.65	\$	1.04
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	4		2,071.30		517.83	.002		1035.65		1.04
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	14	68	\$	1,476.33	\$	21.71	.034	\$	105.45	\$.74
HOSPITAL BASED	14	68		1,476.33		21.71	.034		105.45	•	.74
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	177	715	\$	9,403.98	\$	13.15	.360	\$	53.13	\$	4.74
PATHOLOGY	177	715		9,403.98		13.15	.360		53.13		4.74
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	137	218	\$	21,692.49	\$	99.51	.110	\$	158.34	\$	10.92
CLINIC	30	44	·	2,224.02		50.55	.022		74.13		1.12
SURGICENTER	12	13		639.90		49.22	.007		53.33		.32
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	101	161		18,828.57		116.95	.081		186.42		9.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPOR'	T FOR JAN	2004 THRU	DEC	2004	P/	AGE 17,868
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR BCCTP-T	OTAL	ı							
							M	ONT	HLY AVERA	GE -	
1,986 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	93	2,303	\$	35,816.43	\$	15.55	1.160	\$	385.12	\$	18.03
DURABLE MED. EQUIP.	14	23		1,538.37		66.89	.012		109.88		.77
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		25.00		25.00	.001		25.00		.01
MEDICAL TRANSPORTATION	16	196		2,423.37		12.36	.099		151.46		1.22
AMBULANCES/AIR TRANS	16	196		2,423.37		12.36	.099		151.46		1.22
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	1	4		75.69		18.92	.002		75.69		.04
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	29	59		643.57		10.91	.030		22.19		.32
	-	-		0.0		0.0	0.00		0.0		

PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PORTABLE X-RAY

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

0

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15

0

15

1

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36

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12.16

LOCAL EDUCATION AGENCIES	1	2	20.80	10.40	.001	20.80	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	1,806	2,019.32	1.12	.909	155.33	1.02
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	60	450	\$ 9,705.21	\$ 21.57	.227	\$ 161.75	\$ 4.89
00	30 3 00030300		 				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,869
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

VENTURA COUNTI	SOMMAKI OF SEK	VICES FOR QMD -	ONLI		AID CODE	00		
						MO	NTHLY AVERA	GE
629 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	85	380	\$	8,995.54	\$ 23.67	.604	\$ 105.83	\$ 14.30
@PHYSICIANS SERVICES	38	136	\$	1,876.09	\$ 13.79	.216	\$ 49.37	\$ 2.98
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	38	136	1,876.09	13.79	.216	49.37	2.98
@PHARMACY	1	91 \$	4,301.56CR \$	47.27CR	.145 \$	4301.56CR	6.84CR
PRESCRIPTION DRUGS	0	1	4,303.36CR	4303.36CR	.002	.00	6.84CR
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	1	4,303.36CR	4303.36CR	.002	.00	6.84CR
MEDICAL SUPPLIES	1	90	1.80	.02	.143	1.80	.00
@DENTIST	4	17 \$.00 \$.00	.027 \$.00	\$.00
VISITS - DIAGNOSTIC	4	12	.00	.00	.019	.00	.00
ORAL SURGERY	1	1	.00	.00	.002	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	3	.00	.00	.005	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MON	NTH-OF-PAYMENT REPO	RT FOR JAN 20	04 THRU DE	C 2004	PAGE 17,870
MOP024	FEE-FOR-SERVICE/DENT	'AL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR QMB - ONLY		AID CODE 8	0		
				-	MON	THLY AVERAGE	Ξ
629 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES A	VERAGE COST U	NITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE	P	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00 \$.00	.000 \$.00	\$.00

						M(DIN I	IUDI AARVA	.GE	
629 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	2	2	\$ 21.07	\$	10.54	.003	\$	10.54	\$.03
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	2	2	21.07		10.54	.003		10.54		.03
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	21	47 \$	5,736.53	\$	122.05	.075	\$ 273.17	\$ 9.12
HOSP INPATIENT TOTAL	3	0	3,504.00		.00	.000	1168.00	5.57
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
	0	0			.00		.00	.00
ANCILLARIES	0	0	.00			.000		
INPATIENT CROSSOVERS	3	-	3,504.00		.00	.000	1168.00	5.57
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	18	47	2,232.53		47.50	.075	124.03	3.55
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
ROOM USE	0	0	.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	18	47	2,232.53		47.50	.075	124.03	3.55
@COUNTY HOSPITAL TOTAL	11	25 \$	889.97	\$	35.60	.040	\$ 80.91	\$ 1.41
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	25	889.97		35.60	.040	80.91	1.41
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	Ô	0	.00		.00	.000	.00	.00
PATHOLOGY	Ô	0	.00		.00	.000	.00	.00
RADIOLOGY	Û	0	.00		.00	.000	.00	.00
ROOM USE	0	0	.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	25	889.97		35.60	.040	80.91	1.41
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO		FPORT				PAGE 17,871
MOP024	FEE-FOR-SERVICE		NIII OF TATRENT IN	DI OI(I	FOR OAN	2004 IIIKO D.	GC 2004	03/14/05
VENTURA COUNTY		VICES FOR QMB - ONLY			AID CODE	8 N		03/14/03
VENTORA COONTI	DOMMANT OF DER	VICES FOR QMD ONE			AID CODE		NTHLY AVERA	GE
629 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	Δ1/Ε	BACE COST	UNITS/DAYS		COST PER
029 EDIGIDDES	ODERO	OR DAYS OF CARE	EXTENDITORES			PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	22 \$	4,846.56	\$	220.30	.035		
	3	0	3,504.00	Ş	.00	.000	1168.00	5.57
COMM HOSP INPATIENT TOTAL	0	0	•			.000		
HSC HOSPITALS	0		.00		.00		.00	.00
NON-HSC HOSPITALS TOTAL		0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0	3,504.00		.00	.000	1168.00	5.57
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	22	1,342.56		61.03	.035	167.82	2.13
MEDICAL	0	0	.00		.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	8	22		1,342.56		61.03	.035		167.82		2.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$	1.49	\$.00	.000	\$	1.49	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		1.49		.00	.000		1.49		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	10	\$	4,534.75	\$	453.48	.016	\$	503.86	\$	7.21
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	10		4,534.75		453.48	.016		503.86		7.21
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	1.91	\$.96	.003	\$	1.91	\$.00
CLINIC	1	2		1.91		.96	.003		1.91		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2004	THRU	DEC	2004	PP	GE 17,872
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	QMB -	ONLY			AID CODE 80					
							N	IONT:	HLY AVERA	GE -	

					MON	THLY AVERAG	E
629 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	26	75 \$	1,125.26	\$ 15.00	.119 \$	43.28	\$ 1.79
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	10	116.50	11.65	.016	58.25	.19
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	10	116.50	11.65	.016	58.25	.19
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	5	347.90	69.58	.008	347.90	.55
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	60	660.86	11.01	.095	28.73	1.05
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	81	357	\$ 12,951.00	\$ 36.28	.568	\$ 159.89	\$ 20.59
^			 				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,873 FEE-FOR-SERVICE/DENTAL

03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

VENTURA COUNTI	SUMMARI OF SER	VICES FOR 133% PROGRAM	AID (JUDES /2 /4 ON			
					MON	THLY AVERA	GE
24,769 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9,256	40 , 329 \$	1,323,185.64	\$ 32.81	1.628 \$	142.95	\$ 53.42
@PHYSICIANS SERVICES	2,698	4 , 819 \$	173,512.20	\$ 36.01	.195 \$		
OUTPATIENT VISITS	2,312	2 , 869	96,433.70	33.61	.116	41.71	3.89
OFFICE VISITS	1,787	2,200	67 , 312.75	30.60	.089	37.67	2.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	456	491	22,535.21	45.90	.020	49.42	.91
PREVENTIVE CARE	114	115	4,505.45	39.18	.005	39.52	.18
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.000	60.48	.00
OTHER OUTPATIENT	50	62	2,019.81	32.58	.003	40.40	.08
INPATIENT VISITS	52	239	17,064.25	71.40	.010	328.16	.69
HOSPITAL VISITS	49	210	12,177.61	57.99	.008	248.52	.49
CRITICAL CARE	9	29	4,886.64	168.50	.001	542.96	.20
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	13	13	547.61	42.12	.001	42.12	.02
EXAMINATIONS	13	13	547.61	42.12	.001	42.12	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	25	79	7 , 933.99	100.43	.003	317.36	.32
PRINCIPAL SURGEON	16	24	5 , 698.70	237.45	.001	356.17	.23
ASSISTANT SURGEON	2	3	329.27	109.76	.000	164.64	.01
ANESTHESIOLOGIST	10	52	1,906.02	36.65	.002	190.60	.08
OUTPATIENT SURGERY	96	189	12,563.48	66.47	.008	130.87	.51
PRINCIPAL SURGEON	77	78	9,752.24	125.03	.003	126.65	.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	20	111	2,811.24	25.33	.004	140.56	.11
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	307	644	2,551.99	3.96	.026	8.31	.10
RADIOLOGY	290	395	6 , 793.76	17.20	.016	23.43	.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	97	170	18,726.56	110.16	.007	193.06	.76
OTHER SERVICES/ALL X-OVERS	155	221	10,896.86	49.31	.009	70.30	.44
@PHARMACY	4,056	10,437 \$	201,359.23	\$ 19.29	.421 \$	49.64	\$ 8.13
PRESCRIPTION DRUGS	4,044	9,269	197,808.07	21.34	.374	48.91	7.99
SNF/ICF	1	1	10.16	10.16	.000	10.16	.00
OUTPATIENTS	4,044	9,268	197,797.91	21.34	.374	48.91	7.99

MEDICAL SUPPLIES	48	1,168	3,551.16	3.04	.047	73.98	.14
@DENTIST	821	5,988 \$	172,409.58	\$ 28.79	.242 \$		
VISITS - DIAGNOSTIC	705	3,527	42,898.70	12.16	.142	60.85	1.73
ORAL SURGERY	88	168	6,821.00	40.60	.007	77.51	.28
DRUGS	66	78	1,660.00	21.28	.003	25.15	.07
ANESTHESIA	2	7	190.00	27.14	.000	95.00	.01
PERIODONTICS	1	1	55.00	55.00	.000	55.00	.00
ENDODONTICS	173	498	33,954.30	68.18	.020	196.27	1.37
RESTORATIVE DENTISTRY	346	1,684	83,988.45	49.87	.068	242.74	3.39
PROSTHETICS	2	4	90.00	22.50	.000	45.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	18	24	2,520.00	105.00	.001	140.00	.10
MAXILLOFACIAL SERVICES	1	1	182.13	182.13	.000	182.13	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	50.00	50.00	.000	50.00	.00
ALL OTHER SERVICES	12	5CR	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MONT	H-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 17,874
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR 133% PROGRAM	AID (CODES 72 74 8N	8P		
					MON'	THLY AVERA	GE
24,769 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	42	102 \$	2,638.08	\$ 25.86	.004 \$	62.81	\$.11
DIAGNOSTIC AND ANC. PROCED	37	39	1,662.01	42.62	.002	44.92	.07
					0.00	20 70	.03
EYE APPLIANCES	21	58	835.46	14.40	.002	39.78	.03
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	21 1	5	140.61	28.12	.000	140.61	.01
	21 1 7	5 13 \$	140.61 217.36			140.61	.01
OTHER OPTOMETRIC SERVICES	21 1 7 7	5	140.61	28.12	.000	140.61	.01
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	1 7 7 0	5 13 \$ 13 0	140.61 217.36 217.36 .00	\$ 16.72 16.72 .00	.000 .001 \$.001 .000	140.61 31.05 31.05 .00	\$.01 .01 .01 .00
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	1 7 7 0 24	5 13 \$ 13 0 55 \$	140.61 217.36 217.36 .00 2,213.13	\$ 16.72 16.72 16.72 .00 \$ 40.24	.000 .001 \$.001 .000	140.61 31.05 31.05 .00 92.21	\$.01 \$.01 .01 .00 \$.09
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	1 7 7 0	5 13 \$ 13 0	140.61 217.36 217.36 .00	\$ 16.72 16.72 .00	.000 .001 \$.001 .000	140.61 31.05 31.05 .00	\$.01 .01 .01 .00

RADIO./PATHOLOGY	6	12	211.04	17.59	.000	35.17	.01
OTHER	8	13	841.13	64.70	.001	105.14	.03
@HOME HEALTH AGENCY	0	0 \$.00		.000		
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00		.000 \$		
	0	0 \$ 0 \$ 0 \$ 0 \$ 9,065 \$.00	\$.00	.000 \$		
FAMILY NURSE PRACTITIONER	3 , 005	0 0 0 6	.00 .00 524,070.57	\$.UU			
@TOTAL HOSPITAL	3,005				.300 \$	5 174.40 5163.32	
HOSP INPATIENT TOTAL	49 47	170	253,002.91 239,137.00	1375.02 1382.29	.007		10.21
HSC HOSPITALS	3	173	239,137.00	1382.29		5088.02	9.65
NON-HSC HOSPITAL TOTAL	3	11	13,003.91	1200.34	.000	4621.97	
ACCOMMODATIONS	3	11	4,905.78	445.98	.000	1635.26	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	3	U 11	.00	.00	.000	.00 1635.26	.00
ALL OTHER ACCOM	3	11	4,905.78	445.98	.000	1635.26	.20
ANCILLARIES	0	0	8,960.13	.00	.000	2986.71	.36
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0 2,969 2,255	173 11 11 0 0 0 11 0 0 0 8,881	.00 271,067.66 96,638.17	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,969	8,881	2/1,06/.66	30.52 31.89	.359 .122	91.30	
MEDICAL		3,030			.122	42.86	3.90
SURGERY	140 501	149	8,887.43	59.65 8.35	.006	63.48 20.78	.36
PATHOLOGY		1,247	10,412.47	8.35	.050		.42
RADIOLOGY	365	492 3 , 421	20,530.63	41.73 36.53	.020	56.25	.83
ROOM USE	2,657	3,421	124,964.40	36.53 17.78	.138	47.03	
CROSSOVERS/ALL OTH OUTPINT	382	542	9,634.56	17.78	.022	25.22	.39
@COUNTY HOSPITAL TOTAL	1,784 24	4,986 \$ 56	223,243.03 62,170.00	\$ 44.77 1110.18	.201 \$	125.14	
CO HOSPITAL INPATIENT TOTAL	24	56	62,170.00	1110.18		2590.42	2.51
HSC HOSPITALS	24	30	02,170.00	1110.10	.002	2590.42	2.51
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS		0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS			.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	1,768	4,930	161,073.03	32.67		91.10	
MEDICAL	1,555	2,019	63,671.29	31.54 104.45	.082	40.95 116.74	2.57
SURGERY	51	57	5,953.81	104.45	.002	116./4	.24
PATHOLOGY	255	447	3,332.69	7.46 41.31	.018	13.07 58.98	.13
RADIOLOGY	152	217	8,964.77	37.15	.009		
ROOM USE	1,621	2,065	76,704.77			47.32 30.19	3.10
CROSSOVERS/ALL OTH OUTPINT		125	2,445.70	19.57	.005		.10
#CALIF DEPT OF HEALTH SERV			TH-OF-PAYMENT K	EPORT FOR JAN 2	1004 THRU DE	C 2004	PAGE 17,875 03/14/05
MOP024 VENTURA COUNTY	FEE-FOR-SERVICE	I/DENTAL ICES FOR 133% PROGRAM	7. T.D.	CODEC 72 74 ON	0 D		03/14/05
VENTURA COUNTY	SUMMARI OF SERV	TICES FOR 133% PROGRAM	AID	CODES /2 /4 ON		מססגג עדשייו	GE
24,769 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
24,709 ELIGIBLES	OSEKS	OR DAYS OF CARE	EVERNDIIOVES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,343	4,079 \$	300,827.54	\$ 73.75	.165 \$		
COMM HOSP INPATIENT TOTAL	26	128	190,832.91	1490.88	.105	7339.73	7.70
HSC HOSPITALS	23	117	176,967.00	1512.54	.005	7694.22	7.14
	3	11	13,865.91	1260.54	.003	4621.97	.56
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	3	11	4,905.78	445.98	.000	1635.26	.20
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INDIDITIONAL IE CANE	U	O	.00	• 0 0	.000	.00	• 0 0

ALL OTHER ACCOM	3	11		4,905.78		445.98	.000		1635.26		.20
ANCILLARIES	3	0		0 060 13		.00	.000		2986.71		.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	1,320	3,951		.00 .00 109,994.63		27.84	.160		83.33		4.44
MEDICAL	755	1,011		32,966.88		32.61	.041		43.66		1.33
SURGERY	89	92		2,933.62		31.89	.004		32.96		.12
PATHOLOGY	258	800		7,079.78		8.85	.032		27.44		.29
RADIOLOGY	219	275 1,356		11,565.86 48,259.63		42.06	.011		52.81		.47
ROOM USE	1,127	1,356		48,259.63		35.59	.055		42.82		1.95
CROSSOVERS/ALL OTH OUTPTNT	305	417		7,188.86		17.24	.017		23.57		.29
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	23	358	\$	6,608.45	\$.014	\$		\$.27
HOSPITAL BASED	8	36		1,221.14		33.92	.001		152.64		.05
INDEPENDENT FACILITY	15	322		5,387.31		16.73	.013		359.15		.22
@LABORATORY FACILITY	785	1,466	\$	14,875.62	\$.059	\$	18.95	\$.60
PATHOLOGY	785	1,466		14,875.62		10.15	.059		18.95		.60
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,120	1,528	\$	169,257.57			.062	\$		\$	6.83
CLINIC	29	38		1,309.47		34.46	.002		45.15		.05
SURGICENTER	5 0	6		99.38		16.56	.000		19.88		.00
HEROIN DETOX CLINIC	0 1,095	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,095	1,484		167,848.72		113.11	.060		153.29		6.78
#CALIF DEPT OF HEALTH SERV			URES MC	NTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 17,876
MOP024	FEE-FOR-SERVICE						_				03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR 133%	PROGRAM	I AID	CODES	3 72 74 8N					
0.4. 5.60. 55. 55. 55.							N			-	
24,769 ELIGIBLES	USERS			EXPENDITURES							COST PER
		OR DAYS OF CA	ARE	56,023.85			PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	321 39	6,498	Ş	56,023.85	\$.262		174.53		2.26
				.,			.002				
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	56	987		17,000.07		17.22	.040		303.57		.69
AMBULANCES/AIR TRANS	56	984		11,600.07		11.79	.040		207.14		.47
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	3	3		5,400.00		1800.00	.000		1800.00		.22
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20	48	431.90	9.00	.002	21.60	.02
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	28	4,025.68	143.77	.001	1006.42	.16
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	4	28	4,025.68	143.77	.001	1006.42	.16
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	36	78	6 , 265.55	80.33	.003	174.04	.25
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	153	842	8,572.51	10.18	.034	56.03	.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	15	4,460	11,590.64	2.60	.180	772.71	.47
@CALIF. CHILDREN SERVICES*	137	4,704	\$ 227,735.10	\$ 48.41	.190	\$ 1662.30	\$ 9.19
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,877
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

----- MONTHLY AVERAGE -----18,012 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1.253 \$ 193.13 \$ @TOTAL, ALL PROVIDERS 5,198 22,570 1,003,888.33 \$ 44.48 55.73 .147 \$ 96.26 \$ @PHYSICIANS SERVICES 1,081 2,640 104,060.39 \$ 39.42 5.78 973 38,863.55 47.98 OUTPATIENT VISITS 810 39.94 .054 2.16 634 36.37 42.74 OFFICE VISITS 745 27,098.10 .041 HOME VISITS 0 0 .00 .00 .000 .00 .00 8,746.83 EMERGENCY ROOM 154 169 51.76 .009 56.80 20 20 49.26 985.12 49.26 .001 PREVENTIVE CARE OB VISITS/COMPRE PERI 7 17 1,066.29 62.72 .001 152.33 .06 22 OTHER OUTPATIENT 967.21 43.96 .001 43.96 .05 37 182 10,110.55 55.55 .010 273.26 INPATIENT VISITS 33 2 HOSPITAL VISITS 153 8,202.71 53.61 .008 248.57 .46 11 613.72 CRITICAL CARE 1,227.44 111.59 .001 .07 3 18 680.40 37.80 .001 226.80 SNF/ICF/TRANS IP CARE 17 785.38 52.36 15 46.20 .001 .04 OPHTHALMOLOGICAL SERVICES 17 EXAMINATIONS 15 785.38 46.20 .001 52.36 .04 0 .00 SERVICES AND MATERIALS 0 .00 .00 .000 35 22 23,780.45 INPATIENT HOSPITAL SURGERY 369 64.45 .020 679.44 5.3 17,158.75 323.75 .003 779.94 . 95 PRINCIPAL SURGEON 1 67.39 67.39 .000 67.39 ASSISTANT SURGEON ANESTHESIOLOGIST 20 315 327.72 6,554.31 20.81 .017 .36 OUTPATIENT SURGERY 70 241 11,311.90 46.94 .013 161.60 .63 54 162.15 PRINCIPAL SURGEON 8,756.13 132.67 .004 .49 1 1 64.78 64.78 ASSISTANT SURGEON 64.78 .000 .00 18 174 2,490.99 14.32 .010 138.39 ANESTHESIOLOGIST . 14 0 .00 0 .00 .00 .000 DIALYSIS 120 393 1,841.87 PATHOLOGY 4.69 .022 15.35 .10 186 276 8,324.71 30.16 .015 44.76 RADIOLOGY .46 PSYCHIATRY 0 .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	19	34		467.15		13.74	.002		24.59		.03
OTHER SERVICES/ALL X-OVERS	86	155		8,574.83		55.32	.009		99.71		.48
@PHARMACY	1,563	3 , 529	\$	143,423.75	\$	40.64	.196	\$	91.76	\$	7.96
PRESCRIPTION DRUGS	1 , 553	3,219		141,126.04		43.84	.179		90.87		7.84
SNF/ICF	7	38		1,143.26		30.09	.002		163.32		.06
OUTPATIENTS	1 , 547	3,181		139,982.78		44.01	.177		90.49		7.77
MEDICAL SUPPLIES	32	310		2,297.71		7.41	.017		71.80		.13
@DENTIST	916	6,028	\$	144,391.16	\$	23.95	.335	\$	157.63	\$	8.02
VISITS - DIAGNOSTIC	697	4,387		55 , 848.39		12.73	.244		80.13		3.10
ORAL SURGERY	138	279		16,183.73		58.01	.015		117.27		.90
DRUGS	11	12		275.00		22.92	.001		25.00		.02
ANESTHESIA	5	5		400.00		80.00	.000		80.00		.02
PERIODONTICS	5	5		409.00		81.80	.000		81.80		.02
ENDODONTICS	72	113		12,974.00		114.81	.006		180.19		.72
RESTORATIVE DENTISTRY	343	1,085		49,430.04		45.56	.060		144.11		2.74
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	17	26		2,391.00		91.96	.001		140.65		.13
MAXILLOFACIAL SERVICES	2	2		100.00		50.00	.000		50.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	70	80		6,005.00		75.06	.004		85.79		.33
ALL OTHER SERVICES	32	34		375.00		11.03	.002		11.72		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 17,878
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05

SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

VENTURA COUNTY

----- MONTHLY AVERAGE -----18,012 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 175 65.74 \$ @OPTOMETRIST 423 11,504.29 \$ 27.20 .023 \$.64 6,584.57 4,848.90 70.82 150 43.90 DIAGNOSTIC AND ANC. PROCED 160 41.15 .009 .37 259 97 18.72 49.99 .27 EYE APPLIANCES .014 17.71 17.71 OTHER OPTOMETRIC SERVICES 4 .000 .00 34 64 1,070.08 \$ 16.72 31.47 \$ @CHIROPRACTOR .004 \$.06 64 0 34 16.72 VISITS 1,070.08 .004 31.47 .06 Ο .00 .00 .00 .000 OTHER SERVICES @PODIATRIST 19 34 1,272.31 \$ 37.42 .002 \$ 66.96 \$.07 19 20 MEDICINE/INJECTIONS 881.31 44.07 .001 46.38 .05 2 31.00 15.50 .000 15.50 .00 SURGERY/ANES. 155.70 RADIO./PATHOLOGY 17.30 .000 31.14 .01 3 204.30 102.15 OTHER 68.10 .000 .01 .00 .00 \$.00 \$.000 \$ @HOME HEALTH AGENCY 0 .00 NURSE ANESTHESIST .00 \$.000 \$.00 \$.00 .00 \$.00 .00 \$ NURSE MIDWIFE .000 \$.00 .00 .00 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$ 0 FAMILY NURSE PRACTITIONER 0 .00 \$.00 .000 \$.00 \$.00 3,399 93.40 @TOTAL HOSPITAL 1,022 317,470.88 \$.189 \$ 310.64 \$ 17.63 HOSP INPATIENT TOTAL 32 114 212,254.33 1861.88 .006 6632.95 0532.48 725.76 .00 .0 .00 .00 725.76 27 101 127,332.06 1260.71 4716.00 HSC HOSPITALS .006 7.07 NON-HSC HOSPITAL TOTAL 5 13 84,922.27 6532.48 .001 16984.45 4.71 13 1886.98 ACCOMMODATIONS 9,434.90 .001 0 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE .000 . 00 13 9,434.90 .001 1886.98 ALL OTHER ACCOM 0 75,487.37 15097.47 ANCILLARIES .000 4.19 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	999	3,285	105,216.55	32.03	.182	105.32	5.84
MEDICAL	694	903	32,874.24	36.41	.050	47.37	1.83
SURGERY	72	83	4,386.10	52.84	.005	60.92	.24
PATHOLOGY	189	683	6,712.12	9.83	.038	35.51	.37
RADIOLOGY	186	244	15,692.22	64.31	.014	84.37	.87
ROOM USE	809	1,006	38,584.82	38.35	.056	47.69	2.14
CROSSOVERS/ALL OTH OUTPINT	170	366	6,967.05	19.04	.020	40.98	.39
@COUNTY HOSPITAL TOTAL	605	1 , 682 \$	122,913.95	\$ 73.08	.093	\$ 203.16	\$ 6.82
CO HOSPITAL INPATIENT TOTAL	15	59	64,900.00	1100.00	.003	4326.67	3.60
HSC HOSPITALS	15	59	64,900.00	1100.00	.003	4326.67	3.60
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	593	1,623	58,013.95	35.74	.090	97.83	3.22
MEDICAL	481	578	20,901.25	36.16		43.45	1.16
SURGERY	22	24	2,425.57			110.25	.13
PATHOLOGY	79 74	230	2,367.51			29.97	.13
RADIOLOGY		97	6,721.19			90.83	.37
ROOM USE	507	608	23,608.64	38.83			1.31
CROSSOVERS/ALL OTH OUTPTNT	40	86	1,989.79	23.14		49.74	.11
		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN 2	004 THRU D	EC 2004	PAGE 17,879
MOP024	FEE-FOR-SERVICE	L/DENTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR 100% PROGR	RAM AID	CODES 7A 7C 8R			
						NTHLY AVERA	
18,012 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	451	1,717 \$	194,556.93	\$ 113.31		\$ 431.39	\$ 10.80

COMM HOSP INPATIENT TOTAL	17	55		147,354.33		2679.17	.00			8667.90		8.18
HSC HOSPITALS	12	42		62,432.06		1486.48	.00)2		5202.67		3.47
NON-HSC HOSPITALS TOTAL	5	13		84,922.27		6532.48	.00)1		16984.45		4.71
ACCOMMODATIONS	5	13		9,434.90		725.76	.00)1		1886.98		.52
ADMINISTRATIVE DAYS	0	0		.00		.00	.00	0 0		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.00	00		.00		.00
ALL OTHER ACCOM	5	13		9,434.90		725.76	.00)1		1886.98		.52
ANCILLARIES	5	0		75,487.37		.00	.00	0.0		15097.47		4.19
INPATIENT CROSSOVERS	0	0		.00		.00	.00			.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.00			.00		.00
COMM HOSP OUTPATIENT TOTAL	440	1,662		47,202.60		28.40	.09			107.28		2.62
MEDICAL	227	325		11,972.99		36.84	.01			52.74		.66
SURGERY	51	59		1,960.53		33.23	.00			38.44		.11
PATHOLOGY	112	453		4,344.61		9.59	.02			38.79		.24
RADIOLOGY	115	147		8,971.03		61.03	.00			78.01		.50
ROOM USE	323	398		14,976.18		37.63	.02			46.37		.83
CROSSOVERS/ALL OTH OUTPTNT	132	280		4,977.26		17.78	.02			37.71		.28
	0	200	ċ	4,977.20	\$.00			ċ	.00	ċ	.00
@STATE HOSPITAL	0		\$		ې			00	Ą		Ą	
MENTALLY ILL	0	0		.00		.00	.00			.00		.00
DEVELOP. DISABLED		0		.00		.00	.00			.00		.00
@NURSING FACILITY	6	190	\$	116,634.05	\$	613.86			\$	19439.01	Ş	6.48
LEV A-INTERMEDIATE	0	0		.00		.00	.00			.00		.00
LEV B-REHAB MD	0	0		.00		.00	.00			.00		.00
LEV B-SUBACUTE FREESTANDING	6	190		116,634.05		613.86	.01			19439.01		6.48
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.00			.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.00			.00		.00
LEV B-REGULAR	0	0		.00		.00	.00			.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		0.0	\$.00	\$.00
ICF DDH	0	0		.00		.00	.00	0.0		.00		.00
ICF DD	0	0		.00		.00	.00	0 0		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.00	0 0		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.00	0.0	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.00	0 0		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.00	0 0		.00		.00
@REHABILITATION FACILITY	19	176	\$	3,920.91	\$	22.28	.01	10	\$	206.36	\$.22
HOSPITAL BASED	16	166		3,732.32		22.48	.00	9		233.27		.21
INDEPENDENT FACILITY	3	10		188.59		18.86	.00)1		62.86		.01
@LABORATORY FACILITY	249	1,085	\$	10,804.73	\$	9.96		60	\$		\$.60
PATHOLOGY	249	1,085	·	10,804.73		9.96	.00			43.39		.60
XO AND OTHERS	0	0		.00		.00	.00			.00		.00
@ORGANIZED OUTPATIENT CLINIC	606	920	\$	105,045.13	Ś	114.18		51	Ś	173.34	Ś	5.83
CLINIC	35	72		2,835.34		39.38	.00			81.01		.16
SURGICENTER	1	1		168.70		168.70	.00			168.70		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.00			.00		.00
RURAL HEALTH CLINIC	576	847		102,041.09		120.47	.04			177.15		5.67
#CALIF DEPT OF HEALTH SERV			IRES MO	NTH-OF-PAYMENT R	FPART				DEC		D	AGE 17,880
MOP024	FEE-FOR-SERVICE		71(110) 110	IVIII OI IIIIIIIIVI I	(LI OI(I	1010 07110 .	2001 1111	. ()	рцс	2001		03/14/05
VENTURA COUNTY		ICES FOR 100% E	DOCDAM	7.1.0	CODES	7A 7C 8R	ΩП					03/14/03
VENTORA COUNTI	SOMMANT OF SERV	ICES FOR 100% E	NOGNAM	AID	CODES	/A /C 01		_ M(חותר	HLY AVERA	CF	
18,012 ELIGIBLES	USERS	UNITS OF SERVIC	· 🕝	EXPENDITURES	7/1/2	RAGE COST						COST PER
10,012 ELIGIBLES	CALCO			EXPENDITORES						USER		ELIGIBLE
GALL OWIED DROWINEDS	022	OR DAYS OF CAP		44 200 65		UNIT/DAY						
@ALL OTHER PROVIDERS	922	4,082	\$	44,290.65	\$	10.85		27	Ą	48.04 164.96	Ą	2.46
DURABLE MED. EQUIP.	8	11		1,319.68		119.97	.00					.07
BLOOD BANK				.00		.00	.00			.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.00			.00		.00
MEDICAL TRANSPORTATION	36	460		7,462.87		16.22	.02	20		207.30		.41

AMBULANCES/AIR TRANS	36	459	5,662.87		12.34	.02	5	157.30	.31
OTHER TRANS	0	0	.00		.00	.00)	.00	.00
OTHER SERVICES	1	1	1,800.00	1	1800.00	.00)	1800.00	.10
ACUPUNCTURE	0	0	.00		.00	.00)	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.00)	.00	.00
GENETIC DISEASE TESTING	7	7	735.00		105.00	.00)	105.00	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.00)	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.00)	.00	.00
OPTICIAN	99	225	2,010.34		8.93	.01	2	20.31	.11
PHYSICAL THERAPIST	0	0	.00		.00	.00)	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.00)	.00	.00
PROSTHETIST/ORTHOTISTS	4	26	2,671.02		102.73	.00	L	667.76	.15
PROSTHETICS	4	26	2,671.02		102.73	.00	L	667.76	.15
ORTHOTICS	0	0	.00		.00	.00)	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.00)	.00	.00
SPEECH AND AUDIOLOGY	4	8	407.76		50.97	.00)	101.94	.02
HOSPICE SERVICES	0	0	.00		.00	.00)	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.00)	.00	.00
LOCAL EDUCATION AGENCIES	761	3,323	29 , 550.91		8.89	.18	1	38.83	1.64
EPSDT SUPPLEMENTAL SERVICE	1	15	77.00		5.13	.00	L	77.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.00)	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.00)	.00	.00
ALL OTHER PROVIDERS	7	7	56.07		8.01	.00)	8.01	.00
@CALIF. CHILDREN SERVICES*	112	2,610	\$ 194,775.84	\$	74.63	.14	5 \$		\$ 10.81
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 48.00	\$	48.00	.00) \$	48.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,881
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 26,908 6,730 1,107,343.07 41.15 .000 \$ 164.54 \$ @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 1,188 3,305 140,537.89 42.52 .000 \$ 118.30 \$.00 2,470 107.54 OUTPATIENT VISITS 834 89,691.47 36.31 .000 .00 65 70 19.32 .000 20.80 .00 OFFICE VISITS 1,352.30 HOME VISITS 0 0 .00 .00 .000 .00 .00 0 EMERGENCY ROOM .00 .00 .000 .00 .00 0 .00 .00 .00 PREVENTIVE CARE 0 .000 778 2,398 88,319.97 36.83 .000 113.52 OB VISITS/COMPRE PERI .00 2 OTHER OUTPATIENT 2 19.20 9.60 .000 9.60 .00 .00 .00 .00 .000 .00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00 Ω .00 .00 .00 EXAMINATIONS .000 .00 .00 0 .00 .00 .000 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY 10 710.45 71.05 .000 118.41 .00 3 389.20 129.73 129.73 .00 PRINCIPAL SURGEON .000 .00 .00 .000 .00 .00 ASSISTANT SURGEON 3 7 321.25 107.08 ANESTHESIOLOGIST 45.89 .000 .00 95 9,213.25 96.98 170.62 OUTPATIENT SURGERY .000 .00 PRINCIPAL SURGEON 7,600.77 143.41 .000 161.72 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	20	42		1,612.48		38.39	.000		80.62		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	128	175		974.58		5.57	.000		7.61		.00
RADIOLOGY	480	526		35,925.03		68.30	.000		74.84		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	6	16		555.21		34.70	.000		92.54		.00
OTHER SERVICES/ALL X-OVERS	10	13		3,467.90		266.76	.000		346.79		.00
@PHARMACY	1,040	1,811	\$	34,114.65	\$	18.84	.000	\$	32.80	\$.00
PRESCRIPTION DRUGS	1,022	1,752		30,823.25		17.59	.000		30.16		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,022	1,752		30,823.25		17.59	.000		30.16		.00
MEDICAL SUPPLIES	30	59		3,291.40		55.79	.000		109.71		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES N	MONTH-OF-PAYMENT E	REPORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 17,882
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$.00 .000 \$.00 \$ @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .000 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 0 .00 \$.00 .000 \$.00 \$ @CHIROPRACTOR .00 .00 .000 .00 VISITS .00 .00 .00 .00 OTHER SERVICES .000 0 @PODIATRIST .00 \$.00 .000 \$.00 \$.00 .00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 SURGERY/ANES. .000 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 .00 OTHER 0 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 \$ 0 0 NURSE ANESTHESIST \$.00 .000 \$.00 \$.00 .00 5,659.30 NURSE MIDWIFE 21 67 \$ 84.47 .000 \$ 269.49 \$.00 .000 \$ PEDIATRIC NURSE PRACTITIONER .00 .00 .00 \$ FAMILY NURSE PRACTITIONER 0 0 .00 \$.00 .000 \$.00 \$.00 16,329 761,774.95 @TOTAL HOSPITAL 3,992 .000 \$ 190.83 \$ 46.65 .00 .00 .00 HOSP INPATIENT TOTAL .000 .00 0 .00 HSC HOSPITALS 0 .00 .000 .00 .00 .00 NON-HSC HOSPITAL TOTAL 0 0 .00 .000 .00 .00 ACCOMMODATIONS .000 .00

VENTURA COUNTY

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	0	0 0 0 0 0 0 16,329 425	0.0				.00
ANCTIADIEC	0	0	.00	.00	000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	Ü	Ü	.00	.00	.000	.00 .00 190.83	.00
ALL OTHER INPATIENT	0	0	.00	.00 46.65 18.80 35.50	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,992	16,329	761,774.95	46.65	.000	190.83	.00
MEDICAL	411	425	7,989.94	18.80	.000	19.44	.00
SURGERY	411 46	425 51	1,810.72	35 50	.000	19.44 39.36	.00
PATHOLOGY	1,638	2 701	17 061 12	17 72			
	1,030	2,701 363	47,861.42 42,503.42	17.72 117.09	.000	29.22	.00
RADIOLOGY	352	363	42,503.42	117.09	.000	29.22 120.75	.00
ROOM USE	2,755		131,759.96	35.45		47.83	.00
CROSSOVERS/ALL OTH OUTPINT	3,021 2,209	9,072 9,270 \$	529,849.49 426,901.43	58.40	.000	175.39	.00
@COUNTY HOSPITAL TOTAL	2,209	9 , 270 \$	426,901.43	\$ 46.05	.000 \$	193.26	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	. 0.0	- 0.0	.000	.00	.00
NON-UCC HOCDITAIC TOTAI	0	0	0.0	0.0	000	.00	.00
NON HISC HOSETTALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	U	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	Ü	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000 .000 .000 .000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	0.0	0.0	0.00	0.0	.00
ATT OTHER THRATTENT	0	0	0.0	0.0	000	.00 .00 193.26 19.53	.00
ALL OTHER INFATIENT	2 200	0 270	126 001 12	46.05	.000	102 26	.00
CO HOSP OUTPATIENT TOTAL	2,209	9,270	426,901.43	46.05	.000	193.20	.00
MEDICAL	3/6	38 /	7,342.89	18.9/	.000	19.53	.00
SURGERY	12 611	16 655	606.14 5,362.73	37.88	.000	50.51 8.78	.00
PATHOLOGY	011	000				8.78	.00
RADIOLOGY	117	118	16,291.01	138.06	.000	139.24	.00
ROOM USE	1,788	2.534	92.357.72	36.45	. 000	51.65	.00
CROSSOVERS/ALL OTH OUTPTNT	1 827	2,534 5,560	16,291.01 92,357.72 304,940.94	36.45 54.85	000	166.91	.00
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDUT				.000		DACE 17 002
			NIH-OF-PAIMENI RE	EPORI FOR JAN 2	2004 IRRO DEC	2004	
MOP024	FEE-FOR-SERVIC						03/14/05
VENTURA COUNTY	SUMMARY OF SER	VICES FOR PRESUMPTIVE	ELIGIBILITY-PREGN	NANT AID CODES			
					MONT		GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1.794	7 , 059 \$	334,873.52	\$ 47.44	.000 \$	186.66	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00		.00	.00
HSC HOSPITALS	0	0	.00	.00	000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
	0	0			.000	.00	.00
ACCOMMODATIONS	Ü	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0			.000		.00
ALL OTHER INPATIENT			.00	.00		.00	
COMM HOSP OUTPATIENT TOTAL	1,794	7,059	334,873.52	47.44	.000	186.66	.00
MEDICAL	35	38	647.05	17.03	.000	18.49	.00
SURGERY	34	35	1,204.58	34.42	.000	35.43	.00
PATHOLOGY	1,030	2,046	42,498.69	20.77	.000	41.26	.00
RADIOLOGY	235	245	26,212.41	106.99	.000	111.54	.00
ROOM USE	968	1,183	39,402.24	33.31	.000	40.70	.00
CROSSOVERS/ALL OTH OUTPTNT		3,512	224,908.55	64.04	.000	188.05	.00
@STATE HOSPITAL	1,130	0 \$.00	\$.00	.000 \$.00	
GOIVIE HOSEIIVE	U	U Ą	.00	٠٠٠	۶ ۵۵۵	.00	٠٠٠٠

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,197	5 , 069	\$	132,900.01	\$	26.22	.000	\$	60.49	\$.00
PATHOLOGY	2,197	5 , 069		132,900.01		26.22	.000		60.49		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	32	54	\$	3,715.27	\$	68.80	.000	\$	116.10	\$.00
CLINIC	29	49		2,984.78		60.91	.000		102.92		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	5		730.49		146.10	.000		243.50		.00
#CALIF DEPT OF HEALTH SERV			JRES I	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN :	2004 THRU	DEC	2004	PA	GE 17,884
MOP024	FEE-FOR-SERVICE										03/14/05
VENTURA COUNTY	SUMMARY OF SERV	JICES FOR PRESUN	MPTIV	E ELIGIBILITY-PREGI	NANT	AID CODES	7F 7G				
									HLY AVERA	_	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S (COST PER	C	OST PER

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS 273	273 \$	28,641.00	\$ 104.91	.000 \$	104.91 \$.00
DURABLE MED. EQUIP. 0	0	.00	.00	.000	.00	.00
BLOOD BANK 0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS 0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION 0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS 0	0	.00	.00	.000	.00	.00
OTHER TRANS 0	0	.00	.00	.000	.00	.00
OTHER SERVICES 0	0	.00	.00	.000	.00	.00
ACUPUNCTURE 0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING 273	273	28,641.00	104.91	.000	104.91	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0	0	.00	.00	.000	.00	.00
OPTICIAN 0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 0	0	.00	.00	.000	.00	.00
PROSTHETICS 0	0	.00	.00	.000	.00	.00
ORTHOTICS 0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST 0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,885 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

					MON	THLY AVERA	GE
583 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	170	569 \$	9,359.13	\$ 16.45	.976 \$	55.05	\$ 16.05
@PHYSICIANS SERVICES	38	112 \$	1,685.36	\$ 15.05	.192 \$	44.35	\$ 2.89
OUTPATIENT VISITS	37	100	1,570.34	15.70	.172	42.44	2.69
OFFICE VISITS	37	100	1,570.34	15.70	.172	42.44	2.69
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0					
PATHOLOGY	3	6	54.72	9.12	.010	18.24	.09
RADIOLOGY	1	1	17.30	17.30	.002	17.30	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	5	43.00	8.60	.009	8.60	.07
@PHARMACY	87	153 \$	2,876.09	\$ 18.80	.262 \$		
PRESCRIPTION DRUGS	87	153	2 , 876.09	18.80	.262	33.06	4.93
SNF/ICF	2	4	145.68	36.42	.007	72.84	.25
OUTPATIENTS	86	149	2,730.41	18.32	.256	31.75	4.68
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
ENDODONTICS	U	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	U	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 17,886
MOP024	FEE-FOR-SERVICE/D	ENTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICE	ES FOR MEDI-CAL T	UBERCULOSIS PROGRAM	AID CODE	7H		
					MON	THLY AVERA	GE
583 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
JUS HIIGIBEE		OR DAYS OF CARE	BILL BILL OTTES	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0					
OTHER OPTOMETRIC SERVICES	U	•	.00	.00	.000	.00	.00
@CHIROPRACTOR	U	0 \$.00	\$.00	.000 \$		
VISITS	U	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
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@PODIATRIST

OTHER

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

NURSE MIDWIFE

MEDICINE/INJECTIONS

PEDIATRIC NURSE PRACTITIONER

									_
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		.00	•
@TOTAL HOSPITAL	69	273	\$	4,236.99	\$	15.52	.468	61.41	\$ 7.27
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
	0	0							
TRANSITIONAL IP CARE	U	U		.00		.00	.000	.00	.00
ALL OTHER ACCOM	Ü	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	69	273		4,236.99		15.52	.468	61.41	7.27
MEDICAL	26	79		1,659.76		21.01	.136	63.84	2.85
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	45	128		785.91		6.14	.220	17.46	1.35
	6							30.94	.32
RADIOLOGY	0	6		185.64		30.94	.010		
ROOM USE	1	1		30.97		30.97	.002	30.97	.05
CROSSOVERS/ALL OTH OUTPTNT		59		1,574.71		26.69	.101	224.96	2.70
@COUNTY HOSPITAL TOTAL	69	273	\$	4,236.99	\$	15.52	.468	61.41	\$ 7.27
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
	0	0							
TRANSITIONAL IP CARE	U	U		.00		.00	.000	.00	.00
ALL OTHER ACCOM	O	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	69	273		4,236.99		15.52	.468	61.41	7.27
MEDICAL	26	79		1,659.76		21.01	.136	63.84	2.85
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	45	128		785.91		6.14	.220	17.46	1.35
RADIOLOGY	6	6		185.64		30.94	.010	30.94	.32
ROOM USE	1	1		30.97		30.97	.002	30.97	.05
CROSSOVERS/ALL OTH OUTPTNT		59		1,574.71		26.69	.101	224.96	2.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU DI	EC 2004	PAGE 17,887
MOP024	FEE-FOR-SERVIC	E/DENTAL							03/14/05
VENTURA COUNTY	SUMMARY OF SER	VICES FOR MEDI-CA	AL TUE	BERCULOSIS PROGRAN	M	AID CODE	7H		
							MOI	THLY AVERA	GE
583 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER
000 111011110	COLITO	OR DAYS OF CARE		DITT DIVE I TOTAL			PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	010 27112 01 07110	\$.00	\$.00	.000		_
			Ą		Ą				•
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
	0	0							
INPATIENT CROSSOVERS	U	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	Ü	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
	0	•	ې		ې			Ş		Ą	
MENTALLY ILL	U	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	U	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
ICF DDH	0	0	Ψ.	.00	Υ	.00	.000	۲	.00	Υ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0	-									
ICF DDN/DDCN	U	0	<u>^</u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@HEMODIALYSIS TOTAL	1	1	\$	289.78	\$	289.78	.002	\$	289.78	\$.50
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		289.78		289.78	.002		289.78		.50
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	30	\$	270.91	\$	9.03	.051	\$	45.15	\$.46
PATHOLOGY	6	30		270.91	·	9.03	.051		45.15		.46
XO AND OTHERS	Ô	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
CLINIC CLINIC	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
	0	0									
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	U	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			IRES N	MONTH-OF-PAYMENT R	EPORT	' FOR JAN 2	2004 THRU	DEC	2004	PA	GE 17,888
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVIO	CES FOR MEDI-C	CAL TU	JBERCULOSIS PROGRA	M	AID CODE	7H				
									HLY AVERA		
583 ELIGIBLES	USERS (JNITS OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	.S	COST PER	C	COST PER
		OR DAYS OF CAR	RΕ		PER	UNIT/DAY	PER ELIG	3	USER	E	CLIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	Ô	Ō		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER TRANS	Ü			.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
110011111101/01(111011011)	9	U		.00		.00	.000		.00		• 0 0

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1 \$	289.78	\$ 289.78	.002	\$ 289.78	\$.50
A* TOTALS IN THESE IINES ARE CIVEN AS	7 65070701	TNEODMARTON TREM ONLY.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,889 FEE-FOR-SERVICE/DENTAL

03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MON	ITHLY AVERA	GE
6,269 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,661	13,010	\$	1,291,094.16	\$ 99.24	2.075 \$	485.19	\$ 205.95
@PHYSICIANS SERVICES	536	1,917	\$	144,453.15	\$ 75.35	.306 \$	269.50	\$ 23.04
OUTPATIENT VISITS	132	229		12,802.57	55.91	.037	96.99	2.04
OFFICE VISITS	46	53		3,134.54	59.14	.008	68.14	.50
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	32	33		1,996.26	60.49	.005	62.38	.32
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	66	143		7,671.77	53.65	.023	116.24	1.22
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	127	302		19,404.25	64.25	.048	152.79	3.10

HOSPITAL VISITS	113	223		9,985.75	44.78	.036	88.37		1.59
CRITICAL CARE	18	79		9,418.50	119.22	.013	523.25		1.50
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	166	635		86,384.80	136.04	.101	520.39		13.78
PRINCIPAL SURGEON	105	114		71,735.22	629.26	.018	683.19		11.44
ASSISTANT SURGEON	5	5		839.25	167.85	.001	167.85		.13
ANESTHESIOLOGIST	62	516		13,810.33	26.76	.082	222.75		2.20
OUTPATIENT SURGERY	46	79		7,541.85	95.47	.013	163.95		1.20
PRINCIPAL SURGEON	41	47		6,557.57	139.52	.007	159.94		1.05
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	19	32		984.28	30.76	.005	51.80		.16
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	81	336		3,776.38	11.24	.054	46.62		.60
RADIOLOGY	169	242		10,230.56	42.28	.039	60.54		1.63
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	17	34		750.50	22.07	.005	44.15		.12
OTHER SERVICES/ALL X-OVERS	37	60		3,562.24	59.37	.010	96.28		.57
@PHARMACY	477	1,013	\$	46,016.38		.162		Ś	7.34
PRESCRIPTION DRUGS	476	1,006	т	45,822.02	45.55	.160	96.26	т	7.31
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	476	1,006		45,822.02	45.55	.160	96.26		7.31
MEDICAL SUPPLIES	3	7		194.36	27.77	.001	64.79		.03
@DENTIST	1	6	\$.00	\$.00	.001		Ś	.00
VISITS - DIAGNOSTIC	1	3	٧	.00	.00	.000	.00	۲	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	3		.00	.00	.000	.00		.00
PROSTHETICS		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
•	0	0							
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	-	-	IDEC *		.00		.00	-	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		KES M	MONTH-OF-PAYMENT RE	LPORT FOR JAN	∠UU4 THRU	DEC 2004	F	PAGE 17,890
MOP024	FEE-FOR-SERVICE/DENTA	ь							03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
VENTURA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

6,269 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00

----- MONTHLY AVERAGE -----

RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00)
OTHER	0	0	.00		.00	.000	.00	.00)
@HOME HEALTH AGENCY	1	6 \$	449.16	\$	74.86	.001	\$ 449.16	\$.07	7
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000			
NURSE MIDWIFE	1	3 \$	358.73	\$	119.58	.000		\$.06	
PEDIATRIC NURSE PRACTITIONER	2	4 \$	191.15	Ċ	47.79	.001			
	0	0 \$		\$.00			•	
FAMILY NURSE PRACTITIONER			.00			.000		\$.00	
@TOTAL HOSPITAL	772	3,982 \$	610,141.72	\$	153.22	.635			
HOSP INPATIENT TOTAL	155	460	486,940.63		1058.57	.073	3141.55	77.67	
HSC HOSPITALS	154	455	482,211.08		1059.80	.073	3131.24	76.92	
NON-HSC HOSPITAL TOTAL	1	5	4,729.55		945.91	.001	4729.55	.75	
ACCOMMODATIONS	1	5	1,414.40		282.88	.001	1414.40	.23	3
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00)
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00)
ALL OTHER ACCOM	1	5	1,414.40		282.88	.001	1414.40	.23	
ANCILLARIES	_ 1	0 0 5 0	3,315.15		.00	.000	3315.15	.53	
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00	
	672								
HOSP OUTPATIENT TOTAL	0.0	3,522	123,201.09		34.98	.562	183.33	19.65	
MEDICAL	83 58	103	4,585.95		44.52	.016	55.25	.73	
SURGERY	58	74	4,306.44		58.20	.012	74.25	.69	
PATHOLOGY	242	718	7,693.59		10.72	.115	31.79	1.23	
RADIOLOGY	104	107	11,081.21		103.56	.017	106.55	1.77	
ROOM USE	509	837	29,912.48		35.74	.134	58.77	4.77	1
CROSSOVERS/ALL OTH OUTPTNT	492	1,683	65,621.42		38.99	.268	133.38	10.47	1
@COUNTY HOSPITAL TOTAL	347	1,648 \$	222,190.90	\$	134.82	.263	\$ 640.32	\$ 35.44	1
CO HOSPITAL INPATIENT TOTAL	38	137	159,950.53		1167.52	.022	4209.22	25.51	L
HSC HOSPITALS	38	137	159,950.53		1167.52	.022	4209.22	25.51	
NON-HSC HOSPITALS TOTAL	0				.00	.000	.00	.00	
ACCOMMODATIONS	0	0 0 0 0 0 0	.00		.00	.000	.00	.00	
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00	
	0	0	.00						
TRANSITIONAL IP CARE	U	U	.00		.00	.000	.00	.00	
ALL OTHER ACCOM	U	U	.00		.00	.000	.00	.00	
ANCILLARIES	0	Ü	.00		.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	ů .	• • • •		.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	332	1,511	62,240.37		41.19	.241	187.47	9.93	
MEDICAL	58	67	2 , 774.57		41.41	.011	47.84	.44	ł
SURGERY	7	8	426.05		53.26	.001	60.86	.07	1
PATHOLOGY	113	307	3,754.67		12.23	.049	33.23	.60)
RADIOLOGY	35	35	4,761.42		136.04	.006	136.04	.76	ŝ
ROOM USE	288	460	16,859.67		36.65	.073	58.54	2.69	
CROSSOVERS/ALL OTH OUTPINT		634	33,663.99		53.10	.101	137.97	5.37	
		ES AND EXPENDITURES MO		FPOR				PAGE 17,8	
	FEE-FOR-SERVICE		SNIH OF FAIMENT N	EFOR.	I FOR UAN .	2004 11110 1	DEC 2004	03/14/	
			TE SECONDER ALL	CODE	C 7M 7D 7D	737		03/14/	0.5
VENTURA COUNTY	SUMMARI OF SERV	ICES FOR MINOR CONSE	NI AID CODES AID	CODE.	5 /M /P /R		NIMIII V 717077	CE	
6 060 =======							ONTHLY AVERA		
6,269 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				S COST PER	COST PER	
		OR DAYS OF CARE				PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	439	2,334 \$	387 , 950.82	\$	166.22	.372			
COMM HOSP INPATIENT TOTAL	118	323	326,990.10		1012.35	.052	2771.10	52.16	5
HSC HOSPITALS	117	318	322,260.55		1013.40	.051	2754.36	51.41	_
NON-HSC HOSPITALS TOTAL	1	5	4,729.55		945.91	.001	4729.55	.75	;
ACCOMMODATIONS	1	5	1,414.40		282.88	.001	1414.40	.23	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00	
TIGHTO TITOMINE II OM	Ŭ	•	.00		• • •	•000	• • • •	• • • •	

ALL OTHER ACCOM	1	5		1,414.40		282.88	.001		1414.40		.23
ANCILLARIES	1	0		3,315.15		.00	.000		3315.15		.53
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	353	0 0 2,011		60,960.72		30.31	.321		172.69		9.72
MEDICAL	26	36		1,811.38		50.32	.006		69.67		.29
SURGERY	51	66		3,880.39		58.79	.011		76.09		.62
PATHOLOGY	132	411		3,938.92		9.58	.066		29.84		.63
RADIOLOGY	69	72		6,319.79			.011		91.59		1.01
ROOM USE	227	377		13,052.81		87.77 34.62	.060		57.50		2.08
CROSSOVERS/ALL OTH OUTPINT	250	1,049		31,957.43		30.46	.167		127.83		5.10
@STATE HOSPITAL	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0		.00	'	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000		.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	·	.00	.000		.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	·	.00	.000		.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0 372 370	1,198	\$	23,672.04	\$	19.76	.191	\$	63.63	\$	3.78
PATHOLOGY	370	1,194	·	23,434.04		19.63	.190		63.34	·	3.74
XO AND OTHERS	4	. 4		220 00		59.50	.001		59.50		.04
@ORGANIZED OUTPATIENT CLINIC	1,199	4,598	\$	454,544.55	\$	98.86	.733	\$	379.10	\$	72.51
CLINIC	228	1,076	·	43,333.55		40.27	.172		190.06	·	6.91
SURGICENTER	1	1		42.50		42.50	.000		42.50		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	977	3,521		411,168.50		116.78	.562		420.85		65.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES M		EPORT	FOR JAN 2004	THRU	DEC	2004	P	AGE 17,892
MOP024	FEE-FOR-SERVICE/DENT	'AL									03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	FOR MINOR	CONSE	NT AID CODES AID (CODES	7M 7P 7R 7N					
							M	ONTE	HLY AVERA	GE ·	

					1101		
6,269 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	105	283 \$	11,267.28	\$ 39.81	.045 \$	107.31	\$ 1.80
DURABLE MED. EQUIP.	2	49	100.00	2.04	.008	50.00	.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	140	1,414.70	10.11	.022	128.61	.23
AMBULANCES/AIR TRANS	11	140	1,414.70	10.11	.022	128.61	.23
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	86	86	9,030.00	105.00	.014	105.00	1.44

OCCUPATIONAL THERAPIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0 0 .00	OPTICIAN	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 8 8 722.58 90.32 .001 90.32 .12 PROSTHETICS 8 8 722.58 90.32 .001 90.32 .12 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 .00	PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PROSTHETICS 8 8 722.58 90.32 .001 90.32 .12 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 .00	PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
ORTHOTICS 0 0 .00 </td <td>PROSTHETIST/ORTHOTISTS</td> <td>8</td> <td>8</td> <td>722.58</td> <td>90.32</td> <td>.001</td> <td>90.32</td> <td>.12</td>	PROSTHETIST/ORTHOTISTS	8	8	722.58	90.32	.001	90.32	.12
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00 .00 .00 HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .00	PROSTHETICS	8	8	722.58	90.32	.001	90.32	.12
SPEECH AND AUDIOLOGY 0 0 .00	ORTHOTICS	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0 0 .00	PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0 0 .00	SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0 0 .00	HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .	NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0 0 .00<	LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00 .00 .00 .00 @CALIF. CHILDREN SERVICES* 1 1 \$ 189.84 \$ 189.84 \$.00 \$ 189.84 \$.03	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 1 1 \$ 189.84 \$ 189.84 \$.000 \$ 189.84 \$.03	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
	ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00	@CALIF. CHILDREN SERVICES*	1	1	\$ 189.84	\$ 189.84	.000	\$ 189.84	\$.03
	@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,893
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

----- MONTHLY AVERAGE -----10,233 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 173.91 \$ 108.53 @TOTAL, ALL PROVIDERS 6,386 26,404 1,110,594.55 42.06 2.580 \$ @PHYSICIANS SERVICES 1,455 3,206 130,790.73 \$ 40.80 .313 \$ 89.89 \$ 12.78 46,743.71 44.82 OUTPATIENT VISITS 1,043 1,289 36.26 .126 4.57 745 37.37 OFFICE VISITS 887 27,842.71 31.39 .087 2.72 37.42 HOME VISITS 2 2 74.84 .000 37.42 .01 257 53.22 EMERGENCY ROOM 282 15,008.47 .028 58.40 22 924.19 42.01 .002 42.01 PREVENTIVE CARE OB VISITS/COMPRE PERI 18 66 1,699.57 25.75 .006 94.42 .17 27 OTHER OUTPATIENT 30 1,193.93 39.80 .003 44.22 .12 74 263 24,051.46 91.45 .026 325.02 2.35 INPATIENT VISITS HOSPITAL VISITS 68 144 7,411.66 51.47 .014 109.00 .72 11 141.80 CRITICAL CARE 117 16,591.03 .011 1508.28 1.62 2 48.77 24.39 .000 24.39 .00 SNF/ICF/TRANS IP CARE 11 13 528.44 40.65 .001 48.04 .05 OPHTHALMOLOGICAL SERVICES 13 EXAMINATIONS 11 528.44 40.65 .001 48.04 .05 SERVICES AND MATERIALS 0 .00 .00 .000 .00 51 32 234 22,570.28 INPATIENT HOSPITAL SURGERY 96.45 .023 442.55 2.21 38 17,446.90 459.13 .004 545.22 PRINCIPAL SURGEON 1.70 3 501.70 167.23 .000 167.23 ASSISTANT SURGEON ANESTHESIOLOGIST 23 193 4,621.68 23.95 .019 200.94 .45 70 166 10,928.63 65.84 156.12 OUTPATIENT SURGERY .016 1.07 72 127.54 153.05 PRINCIPAL SURGEON 9,182.97 .007 0 .00 ASSISTANT SURGEON 0 .00 .000 .00 .00 19 94 1,745.66 18.57 91.88 ANESTHESIOLOGIST .009 .17 0 .00 .00 .000 .00 DIALYSIS 171 3,930.77 7.02 PATHOLOGY 560 .055 22.99 .38 262 384 11,291.04 29.40 RADIOLOGY .038 43.10 1.10 PSYCHIATRY 0 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	44	87		5,735.78		65.93	.009	130	. 36		.56
OTHER SERVICES/ALL X-OVERS	103	210		5,010.62		23.86	.021	48	. 65		.49
@PHARMACY	2,981	7,960	\$	312,098.84	\$	39.21	.778	\$ 104	.70	\$	30.50
PRESCRIPTION DRUGS	2,949	6,341		303,207.75		47.82	.620	102	. 82		29.63
SNF/ICF	5	41		1,264.08		30.83	.004	252	. 82		.12
OUTPATIENTS	2,945	6,300		301,943.67		47.93	.616	102	. 53		29.51
MEDICAL SUPPLIES	67	1,619		8,891.09		5.49	.158	132	.70		.87
@DENTIST	538	3,059	\$	79,680.95	\$	26.05	.299	\$ 148	.11	\$	7.79
VISITS - DIAGNOSTIC	407	2,174		26,476.90		12.18	.212	65	.05		2.59
ORAL SURGERY	70	158		8,545.00		54.08	.015	122	.07		.84
DRUGS	21	25		450.00		18.00	.002	21	. 43		.04
ANESTHESIA	1	2		100.00		50.00	.000	100	.00		.01
PERIODONTICS	23	23		2,462.00		107.04	.002	107	.04		.24
ENDODONTICS	52	101		10,427.00		103.24	.010	200	. 52		1.02
RESTORATIVE DENTISTRY	168	527		26,663.05		50.59	.052	158	.71		2.61
PROSTHETICS	2	2		60.00		30.00	.000	30	.00		.01
DENTURES, STAYPLATES	7	21		2,072.00		98.67	.002	296	.00		.20
SPACE MAINTAINERS	4	4		360.00		90.00	.000	90	.00		.04
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	25	27		1,990.00		73.70	.003	79	. 60		.19
ALL OTHER SERVICES	10	5CR		75.00		15.00CR	.000	7	.50		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT RE	PORT	FOR JAN	2004 THRU I	DEC 2004		PI	AGE 17,894
MOP024	FEE-FOR-SERVICE,	DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS	CASE	S IN PA-FAMILIES		AID CODE	38				
							MO	VA YLHTNO	/ERA	GE -	
10,233 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S COST 1	PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USEI	₹	F	ELIGIBLE
@OPTOMETRIST	126	342	\$	7,627.95	\$	22.30	.033	\$ 60	. 54	\$.75
DIAGNOSTIC AND ANC. PROCED	98	106		4,147.61		39.13	.010	42	. 32		.41
EYE APPLIANCES	87	235		3,468.93		14.76	.023	39	. 87		.34
OTHER OPTOMETRIC SERVICES	1	1		11.41		11.41	.000	11	. 41		.00

COULDODDAGEOD	4	7	Ċ	117 04	Ċ	16 70	0.01	ċ	20 26	Ċ	0.1
@CHIROPRACTOR	4	7	\$	117.04 117.04	\$	16.72	.001	Þ	29.26	Ş	.01
VISITS		7				16.72	.001		29.26		.01
OTHER SERVICES	0	0	^	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@PODIATRIST	46	152	\$	5,825.97	\$.015	Ş		Ş	.57
MEDICINE/INJECTIONS	44	48		1,900.72		39.60	.005		43.20		.19
SURGERY/ANES.	10	10		137.00		13.70	.001		13.70		.01
RADIO./PATHOLOGY	23	42		758.42		18.06	.004		32.97		.07
OTHER	34	52		3,029.83		58.27	.005		89.11		.30
@HOME HEALTH AGENCY	6	12	\$	807.68	\$.001				.08
NURSE ANESTHESIST	1	5	\$	86.12	\$	17.22	.000		86.12		.01
NURSE MIDWIFE	1	5	\$	318.92	\$	63.78	.000	\$	318.92		.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,850	6,426	\$	432,061.29	\$	67.24	.628	\$	233.55	\$	42.22
HOSP INPATIENT TOTAL	50	162		223,221.55		1377.91	.016		4464.43		21.81
HSC HOSPITALS	44	140		174,320.29		1245.14	.014		3961.82		17.04
NON-HSC HOSPITAL TOTAL	6	22		48,901.26		2222.78	.002		8150.21		4.78
ACCOMMODATIONS	6	22		15,619.33		709.97	.002		2603.22		1.53
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	22		15,619.33		709.97	.002		2603.22		1.53
ANCILLARIES	6	0		33,281.93		.00	.000		5546.99		3.25
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Õ		.00		.00	.000		0.0		.00
HOSP OUTPATIENT TOTAL	1,816	6,264		208,839.74		33.34	.612		115.00		20.41
MEDICAL	1,217	1,583		52,904.71		33.42	.155		43.47		5.17
SURGERY	86	91		4,986.35		54.80	.009		57.98		.49
PATHOLOGY	491	1,517		14,942.64		9.85	.148		30.43		1.46
RADIOLOGY	298	414		27,296.30		65.93	.040		91.60		2.67
ROOM USE	1,495	1,817		66,428.86		36.56	.178		44.43		6.49
CROSSOVERS/ALL OTH OUTPINT		842	^	42,280.88	<u> </u>	50.21	.082	<u> </u>	109.82	<u> </u>	4.13
@COUNTY HOSPITAL TOTAL	952	2,866	\$	174,832.16				Ş	183.65	Ş	17.09
CO HOSPITAL INPATIENT TOTAL	17	54		68,150.12		1262.04	.005		4008.83		6.66
HSC HOSPITALS	17	54		68,150.12		1262.04	.005		4008.83		6.66
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	942	2,812		106,682.04		37.94	.275		113.25		10.43
MEDICAL	749	910		29,943.53		32.90	.089		39.98		2.93
SURGERY	29	31		2,933.68		94.63	.003		101.16		.29
PATHOLOGY	191	487		4,710.06		9.67	.048		24.66		.46
RADIOLOGY	98	134		10,554.98		78.77	.013		107.70		1.03
ROOM USE	825	968		36,521.94		37.73	.095		44.27		3.57
CROSSOVERS/ALL OTH OUTPTNT		282				78.08					2.15
		CES AND EXPENDITUR	RES MOI							P^{R}	AGE 17,895
MOP024	FEE-FOR-SERVICE										03/14/05
VENTURA COUNTY		ICES FOR EDWARDS	CASE	S IN PA-FAMILIES		AID CODE	38				
						0021	M	ОИТ	HLY AVERA	GE -	
10,233 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	ΑV	ERAGE COST					COST PER
10,200 221012	ODLING	OR DAYS OF CARE		2 2 2 01 0		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	959	3,560		257,229.13	\$				268.23		25.14
	303	3,300	т	20.,220.10	т		•010	Τ.	200.20	т.	20.11

COMM HOSP INPATIENT TOTAL	33	108		155,071.43		1435.85	.011		4699.13		15.15
HSC HOSPITALS	27	86		106,170.17		1234.54	.008		3932.23		10.38
NON-HSC HOSPITALS TOTAL	6	22		48,901.26		2222.78	.002		8150.21		4.78
ACCOMMODATIONS	6	22		15,619.33		709.97	.002		2603.22		1.53
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	22		15,619.33		709.97	.002		2603.22		1.53
ANCILLARIES	6	0		33,281.93		.00	.000		5546.99		3.25
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	933	3,452		102,157.70		29.59	.337				9.98
COMM HOSP OUTPATIENT TOTAL		•							109.49		
MEDICAL	488	673		22,961.18		34.12	.066		47.05		2.24
SURGERY	57	60		2,052.67		34.21	.006		36.01		.20
PATHOLOGY	303	1,030		10,232.58		9.93	.101		33.77		1.00
RADIOLOGY	203	280		16,741.32		59.79	.027		82.47		1.64
ROOM USE	714	849		29 , 906.92		35.23	.083		41.89		2.92
CROSSOVERS/ALL OTH OUTPINT	282	560		20,263.03		36.18	.055		71.85		1.98
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	Ś	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	3	31	Ċ		Ċ			ċ		ċ	
@NURSING FACILITY			\$	7,530.70	\$	242.93	.003	\$		Þ	.74
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	1		548.20		548.20	.000		548.20		.05
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	30		6,982.50		232.75	.003		3491.25		.68
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	Ś	.00
ICF DDH	0	0	т.	.00	т.	.00	.000	4	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0	0									
ICF DDN/DDCN	-		<u>^</u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@HEMODIALYSIS TOTAL	1	1	\$	549.97	\$	549.97	.000	Ş	549.97	\$.05
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		549.97		549.97	.000		549.97		.05
@REHABILITATION FACILITY	15	48	\$	990.50	\$	20.64	.005	\$	66.03	\$.10
HOSPITAL BASED	13	45		941.26		20.92	.004		72.40		.09
INDEPENDENT FACILITY	2	3		49.24		16.41	.000		24.62		.00
@LABORATORY FACILITY	406	1,231	\$	16,429.14	\$	13.35	.120	\$	40.47	\$	1.61
PATHOLOGY	406	1,231		16,429.14		13.35	.120		40.47		1.61
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	449	728	\$	64,814.24	\$	89.03	.071	Ċ	144.35	Ċ	6.33
	57	184	Y	6,138.14	Y	33.36	.018	Ÿ	107.69	Y	.60
CLINIC	7										
SURGICENTER	· ·	7		634.57		90.65	.001		90.65		.06
HEROIN DETOX CLINIC	4	40		483.11		12.08	.004		120.78		.05
RURAL HEALTH CLINIC	387	497		57 , 558.42		115.81	.049		148.73		5.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUE	RES MO	NTH-OF-PAYMENT RI	EPOR1	r for jan 2	2004 THRU	DEC	2004	P	AGE 17,896
MOP024	FEE-FOR-SERVICE	I/DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS	CASE	S IN PA-FAMILIES		AID CODE	38				
							M	ONT	HLY AVERA	.GE	
10,233 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	ERAGE COST					COST PER
,	0.0	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	463		\$	50,864.51		15.94	.312				4.97
		•	Y		ې			٧		٢	
DURABLE MED. EQUIP.	15	60		3,904.27		65.07	.006		260.28		.38
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	55	1,395		10,257.37		7.35	.136		186.50		1.00

AMBULANCES/AIR TRANS	51	458	6 , 946.47	15.	17 .0	45	136.21	.68
OTHER TRANS	4	937	3,310.90	3.	53 .0	92	827.73	.32
OTHER SERVICES	0	0	.00		.0	00	.00	.00
ACUPUNCTURE	3	5	113.53	22.	71 .0	00	37.84	.01
ADULT DAY HEALTH CARE CTR	3	18	1,252.44	69.	58 .0	02	417.48	.12
GENETIC DISEASE TESTING	4	4	420.00	105.	.0	00	105.00	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.0	00	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.0	00	.00	.00
OPTICIAN	99	217	3,077.54	14.	18 .0	21	31.09	.30
PHYSICAL THERAPIST	0	0	.00		.0	00	.00	.00
PORTABLE X-RAY	0	0	.00		.0	00	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	118.92	29.		00	59.46	.01
PROSTHETICS	2	4	118.92	29.	73 .0	00	59.46	.01
ORTHOTICS	0	0	.00		.0	00	.00	.00
PSYCHOLOGIST	0	0	.00		.0	00	.00	.00
SPEECH AND AUDIOLOGY	10	19	1,147.09	60.	37 .0	02	114.71	.11
HOSPICE SERVICES	3	152	20,164.32	132.	66 .0	15	6721.44	1.97
NONINST BIRTHING CENTERS	0	0	.00		.0	00	.00	.00
LOCAL EDUCATION AGENCIES	264	911	10,094.58	11.	08 .0	89	38.24	.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.0	00	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.0	00	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.0	00	.00	.00
ALL OTHER PROVIDERS	8	406	314.45		77 .0	40	39.31	.03
@CALIF. CHILDREN SERVICES*	37	287	\$ 70,338.90	\$ 245.	08 .0	28	\$ 1901.05	\$ 6.87
@XOVER EXCLUDING STATE HOSP**	6	6	\$ 4,072.41	\$ 678.	74 .0	01	\$ 678.74	\$.40

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,897
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 803 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 374 2,753 335.44 \$ 156.23 125,453.29 \$ 45.57 3.428 \$ @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 91 212 6,590.31 31.09 .264 \$ 72.42 \$ 8.21 OUTPATIENT VISITS 60 69 2,702.28 39.16 .086 45.04 3.37 41 34.72 40.65 OFFICE VISITS 1,666.61 .060 2.08 HOME VISITS 0 0 .00 .000 .00 .00 .00 EMERGENCY ROOM 16 17 850.36 50.02 .021 53.15 1.06 0 0 .00 .00 .000 .00 PREVENTIVE CARE .00 1 60.48 60.48 .001 60.48 OB VISITS/COMPRE PERI 1 .08 OTHER OUTPATIENT 124.83 41.61 .004 62.42 .16 212.26 70.75 70.75 .004 .26 INPATIENT VISITS HOSPITAL VISITS 212.26 70.75 .004 70.75 .26 .00 .00 .00 CRITICAL CARE .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES 185.03 37.01 .006 46.26 .23 185.03 37.01 46.26 EXAMINATIONS .006 .23 .00 .00 .00 .000 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 17 OUTPATIENT SURGERY 1,230.36 72.37 .021 175.77 1.53 PRINCIPAL SURGEON 1,025.09 128.14 .010 170.85 1.28

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	9	205.27	22.81	.011	102.64	.26
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	23	246.07	10.70	.029	22.37	.31
RADIOLOGY	24	38	988.12	26.00	.047	41.17	1.23
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	18.74	9.37	.002	18.74	.02
OTHER SERVICES/ALL X-OVERS	19	55	1,007.45	18.32	.068	53.02	1.25
@PHARMACY	281	1,633 \$	92,568.01	\$ 56.69	2.034	\$ 329.42	\$ 115.28
PRESCRIPTION DRUGS	278	767	90,375.28	117.83	.955	325.09	112.55
SNF/ICF	0	0	.00		.000	.00	.00
OUTPATIENTS	278	767	90,375.28	117.83	.955	325.09	112.55
MEDICAL SUPPLIES	14	866	2,192.73	2.53	1.078	156.62	2.73
@DENTIST	33	127 \$	4,112.00	\$ 32.38	.158	\$ 124.61	\$ 5.12
VISITS - DIAGNOSTIC	21	97	1,250.00	12.89	.121	59.52	1.56
ORAL SURGERY	2	1	85.00	85.00	.001	42.50	.11
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	409.00	102.25	.005	102.25	.51
ENDODONTICS	3	4	1,065.00	266.25	.005	355.00	1.33
RESTORATIVE DENTISTRY	9	18	1,023.00	56.83	.022	113.67	1.27
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	280.00	93.33	.004	140.00	.35
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	1 2004 THRU	DEC 2004	PAGE 17,898

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
VENTURA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

----- MONTHLY AVERAGE -----USERS 803 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 35 755.92 21.60 .044 \$ 68.72 \$ @OPTOMETRIST 11 DIAGNOSTIC AND ANC. PROCED 9 324.14 36.02 .011 46.31 .40 25 EYE APPLIANCES 9 384.33 15.37 .031 42.70 .48 47.45 47.45 .001 47.45 .06 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 VISITS .00 .00 .000 .00 .00 0 .00 .00 .000 .00 OTHER SERVICES 0 @PODIATRIST .00 \$.00 .000 \$.00 \$.00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 .00 .00 SURGERY/ANES. .00 .000 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 .00 OTHER 0 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$ NURSE ANESTHESIST 0 .00 \$.00 \$.00 .000 \$.00 NURSE MIDWIFE 0 .00 \$.00 .000 \$.00 \$.00 .00 .00 \$ PEDIATRIC NURSE PRACTITIONER .00 .000 \$ FAMILY NURSE PRACTITIONER 0 0 .00 \$.00 .00 .000 \$.00 .653 \$ @TOTAL HOSPITAL 108 524 15,261.36 29.12 141.31 \$ 19.01 0 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL 0 0 .00 .00 HSC HOSPITALS .00 .000 .00 0 0 .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	108	524	15,261.36	29.12	.653	141.31	19.01
MEDICAL	64	112	4,350.13	38.84	.139	67.97	5.42
SURGERY	2	2	87.75	43.88	.002	43.88	.11
PATHOLOGY	34	184	2,290.99	12.45	.229	67.38	2.85
RADIOLOGY	34	51	3,525.45	69.13	.064	103.69	4.39
ROOM USE	74	103	3,730.13	36.21	.128	50.41	4.65
CROSSOVERS/ALL OTH OUTPINT	26	72	1,276.91	17.73	.090	49.11	1.59
@COUNTY HOSPITAL TOTAL	57	241 \$	7,361.20	\$ 30.54	.300 \$	129.14	\$ 9.17
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	57	241	7,361.20	30.54	.300	129.14	9.17
MEDICAL	40	68	2,346.73	34.51	.085	58.67	2.92
SURGERY	1	1	51.66	51.66	.001	51.66	.06
PATHOLOGY	17	68	805.53	11.85	.085	47.38	1.00
RADIOLOGY	14	18	1,372.49	76.25	.022	98.04	1.71
ROOM USE	42	55	2,131.55	38.76	.068	50.75	2.65
CROSSOVERS/ALL OTH OUTPTNT		31	653.24	21.07	.039	65.32	.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU DE	C 2004	PAGE 17,899

MOP024 VENTURA COUNTY FEE-FOR-SERVICE/DENTAL 03/14/05

VENTURA COUNTY	SUMMARY OF SERV	ICES FOR SSI AP	PEAL/I	NLDC IN PA-DISABL	ED AID CODES 6	N 6P MO1	VTHLY AVERZ	AGF.	
803 ELIGIBLES	USERS	UNITS OF SERVIC	F.	EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR		1111 1110 1 1 0 1 (H)	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5.4	283	Š.	7,900.16		.352			
COMM HOSP INPATIENT TOTAL	0	0	7	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00 .00 .00 .00 .00 .00 .00 .00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	0.0	.000	.00		.00
ACCOMMODATIONS	0	0		.00	00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	0.0		.00
COMM HOSP OUTPATIENT TOTAL		283		7,900.16	27 02	.352	146 30		9.84
MEDICAL	54 24	44		2,003.40	45 52	.055	140.30		2.49
		= =		-	45.55	.033	03.40		
SURGERY	1 17	1 116		36.09	30.U9 12 01	.001	30.09		.04
PATHOLOGY	17 22			1,485.46	12.81	.144	07.38		1.85
RADIOLOGY		33 48 41		2,152.96	27.92 45.53 36.09 12.81 65.24 33.30	.041	146.30 83.48 36.09 87.38 97.86 48.44		2.68
ROOM USE	33	48		1,598.58	33.30				1.99
CROSSOVERS/ALL OTH OUTPTNT		41		623.67	15.21	.051	38.98		.78
@STATE HOSPITAL	0	0	\$.00		.000	•		.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	·	.000	•		.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0 0 0	0	\$.00	\$.00	.000	•		.00
ICF DDH	U	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER @REHABILITATION FACILITY	2	11	\$	107.98	\$ 9.82	.014	\$ 53.99	\$.13
HOSPITAL BASED		0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	2	11		107.98	9.82	.014	53.99		.13
@LABORATORY FACILITY	24	105	\$	1,129.89	\$ 10.76	.131	\$ 47.08	\$	1.41
PATHOLOGY	0 2 24 24 0 27	11 105 105 0	•	1,129.89	10.76	.131	•		1.41
XO AND OTHERS	0			.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	27	36	\$	3,662.60			\$ 135.65	Ś	4.56
CLINIC	3	5		176.68	35.34		58.89		.22
SURGICENTER	0	0			.00	.000	.00		.00
HEROIN DETOX CLINIC	Õ	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	24	31		3,485.92	112.45	.039	145.25		4.34
	MEDI-CAL SERVIC		RES MO	ONTH-OF-PAYMENT R					
MOP024	FEE-FOR-SERVICE		110	STATE OF THE PROPERTY.	LIOINI ION OAN	2001 1111(0 DI			03/14/05
VENTURA COUNTY			PEAT./N	NLDC IN PA-DISABL	ED AID CODES 6	N 6P			00/14/00
ATMINIM COMMIT	COLUMNIC OF SEVA	TOTO FOR DOT HE	ו /עמיי ב	APPO IN IN DISABLE	TO VID CORPS O	MOI	מחחות אווחה	CF	
002 ELICIDIES	HCEDC	INTEC OF CEDITO	-	EVDENDIMIDEC	ATTEDACE COCH				

803 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17	70 \$	1,265.22	\$ 18.07	.087 \$	74.42	\$ 1.58
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	49	816.63	16.67	.061	136.11	1.02
AMBULANCES/AIR TRANS	6	49	816.63	16.67	.061	136.11	1.02
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	14	143.58	10.26	.017	20.51	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5	192.00	38.40	.006	96.00	.24
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.001	8.01	.01
@CALIF. CHILDREN SERVICES*	13	48 \$	1,451.14	\$ 30.23	.060 \$	111.63	\$ 1.81
@XOVER EXCLUDING STATE HOSP**	18	911 \$	2,006.60	\$ 2.20	1.134 \$	111.48	\$ 2.50

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,901 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

VENTORA COUNTI	SOUTHWILL OF SERV	ATCED FOR CIVAT	G CASES	AGED IN FA AGED	AID CODI	T 11		
						MON	NTHLY AVERA	GE
994 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF C	ARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	682	23,480	\$	657,518.25	\$ 28.00	23.622	964.10	\$ 661.49
@PHYSICIANS SERVICES	75	226	\$	3,392.51	\$ 15.01	.227	45.23	\$ 3.41
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3		117.45	39.15	.003	58.73	.12
EXAMINATIONS	2	3		117.45	39.15	.003	58.73	.12
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00	
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00	
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00	
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00	
OUTPATIENT SURGERY	1		1		186.15		186.15	.001		186.15		.19	
PRINCIPAL SURGEON	1		1		186.15		186.15	.001		186.15		.19	
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00	
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00	
DIALYSIS	0		0		.00		.00	.000		.00		.00	
PATHOLOGY	0		0		.00		.00	.000		.00		.00	
RADIOLOGY	1		1		54.82		54.82	.001		54.82		.06	
PSYCHIATRY	0		0		.00		.00	.000		.00		.00	
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00	
OTHER SERVICES/ALL X-OVERS	72		221		3,034.09		13.73	.222		42.14		3.05	
@PHARMACY	442	12	2,592	\$	122,037.67	\$	9.69	12.668	\$	276.10	\$	122.77	
PRESCRIPTION DRUGS	422		1 , 751	·	119,518.54		68.26	1.762		283.22		120.24	
SNF/ICF	113		780		45,537.91		58.38	.785		402.99		45.81	
OUTPATIENTS	312		971		73,980.63		76.19	.977		237.12		74.43	
MEDICAL SUPPLIES	35	10	0,841		2,519.13		.23	10.906		71.98		2.53	
@DENTIST	31		154	\$	5,666.95	\$	36.80	.155	\$	182.80	\$	5.70	
VISITS - DIAGNOSTIC	27		119		1,426.00		11.98	.120		52.81		1.43	
ORAL SURGERY	1		13		475.95		36.61	.013		475.95		.48	
DRUGS	0		0		.00		.00	.000		.00		.00	
ANESTHESIA	0		0		.00		.00	.000		.00		.00	
PERIODONTICS	4		4		636.00		159.00	.004		159.00		.64	
ENDODONTICS	0		0		.00		.00	.000		.00		.00	
RESTORATIVE DENTISTRY	5		12		474.00		39.50	.012		94.80		.48	
PROSTHETICS	0		0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	2		6		2,655.00		442.50	.006		1327.50		2.67	
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	1		0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXE	PENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	Р	PAGE 17,902	
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05	
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR	CRAIG	CASES-	AGED IN PA-AGED		AID CODE	E 1E					
								M	TNC	HLY AVERA	.GE		
994 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S (COST PER		COST PER	
		OR DAYS	OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE	
@OPTOMETRIST	21		59	\$	1,145.50	\$	19.42	.059	\$	54.55	\$	1.15	
DIACNOCUTO AND AND DDOCED	2		2		1/12/25		17 15	003		17 15		1 /	

994 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAY	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	21	59	\$ 1,145.50	\$ 19.42	.059	\$ 54.55	\$ 1.15
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.003	47.45	.14
EYE APPLIANCES	17	54	871.09	16.13	.054	51.24	.88
OTHER OPTOMETRIC SERVICES	3	2	132.06	66.03	.002	44.02	.13
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	30	54	\$ 185.98	\$ 3.44	.054	\$ 6.20	\$.19
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	30	54	185.98	3.44	.054	6.20	.19
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	Ċ	.00
@TOTAL HOSPITAL				48,821.44			.220			49.12
HOSP INPATIENT TOTAL	11	219 47 47 0 0 0 0 0 0 0 172 3	Y	46,159.20	٧	982.11	.047	4196.29	Y	46.44
HOSP INPALLENT TOTAL	T T	4 /						10278.91		
HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	4	4 /		41,115.64		874.80	.047			41.36
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	7	0		5,043.56		.00	.000	720.51		5.07
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	720.51		.00
HOSP OUTPATIENT TOTAL	45	172		2,662.24		15.48	.173	59.16		2.68
MEDICAL	2	3		96.31		32.10	.003	48.16		.10
SURGERY	0	5		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00						
RADIOLOGY	2	2		40.78		20.39	.002	20.39		.04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	1	۷		73.44		36.72	.002	73.44		.07
CROSSOVERS/ALL OTH OUTPTNT	42	165		2,451.71		14.86	.166	58.37		2.47
	26	70	\$	1,320.61	\$	18.87	.070		\$	1.33
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	()()()	()()		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00		.00		.00
TMPATTENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OBJED INDABLEMS	0	0		.00		.00	.000	.00		.00
ALL OIDER INFAILENT	26	7.0					.000	.00 FO 70		1.33
CO HOSP OUTPATIENT TOTAL	26	70		1,320.61		18.87	.000 .070 .003	50.79		
	2	3		96.31		32.10		48.16		.10
SURGERY	0	172 3 0 0 2 2 165 70 0 0 0 0 0 0 0 0 0 0 0 0 0		96.31 .00 .00 40.78 73.44 1,110.08		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	2	2		40.78		20.39	.002	20.39		.04
ROOM USE	1	2		73.44		36.72	.002	73.44		.07
CROSSOVERS/ALL OTH OUTPINT				1,110.08		17.62	.063	48.26		1.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU D	EC 2004	P.	AGE 17,903
MOP024	FEE-FOR-SERVICE	/DENTAL								03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG C	CASES-	- AGED IN PA-AGED		AID COD	E 1E			
							MOI	NTHLY AVERA	GE	
994 ELIGIBLES	USERS 31 11 4	UNITS OF SERVICE		EXPENDITURES		RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1	47,500.83	PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	31	149	\$	47,500.83	\$	318.80	.150	\$ 1532.28	\$	47.79
COMM HOSP INPATIENT TOTAL	11	47		46,159.20		982.11	.047	4196.29		46.44
HSC HOSPITALS	4	47		41,115.64		874.80	.047	10278.91		41.36
NON-HSC HOSPITALS TOTAL	0	0		-			.000			
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00		.00		.00
TRANSITIONAL IP CARE	0	0					.000			
ALL OTHER ACCOM	•	•		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	7	0		5,043.56		.00	.000	720.51		5.07
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	20	102		1,341.63		13.15	.103	67.08		1.35
MEDICAL	0	0		.00		.00	.000	.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	20	102	1,341.63	13.15	.103	67.08	1.35
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	160	3,023	\$ 407,891.92	\$ 134.93	3.041	\$ 2549.32	\$ 410.35
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	160	3,023	407,891.92	134.93	3.041	2549.32	410.35
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	8	\$ 3 , 759.28	\$ 469.91	.008	\$ 469.91	\$ 3.78
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	8	3 , 759.28	469.91	.008	469.91	3.78
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	18	\$ 222.50	\$ 12.36	.018	\$ 55.63	\$.22
PATHOLOGY	4	18	222.50	12.36	.018	55.63	.22
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	17	18	\$ 1,250.74	\$ 69.49	.018	\$ 73.57	\$ 1.26
CLINIC	3	3	198.83	66.28	.003	66.28	.20
SURGICENTER	1	2	122.83	61.42	.002	122.83	.12
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 13 13 929.08 71.47 .013 71.47 .93 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,904 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E VENTURA COUNTY

121120121 0001111	COLUMNIC OF CEICLEOF	o ron ondire onde	11022 111 11022	1112 002			
					MO	NTHLY AVERA	GE
994 ELIGIBLES	USERS UN	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	124	7,109 \$	63,143.76	\$ 8.88	7.152	\$ 509.22	\$ 63.52
DURABLE MED. EQUIP.	3	32	1,254.26	39.20	.032	418.09	1.26
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	5	102.27	20.45	.005	34.09	.10
MEDICAL TRANSPORTATION	12	1,470	4,577.77	3.11	1.479	381.48	4.61
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	8	1,423	4,498.60	3.16	1.432	562.33	4.53
OTHER SERVICES	4	47	79.17	1.68	.047	19.79	.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	33	216	15,015.37	69.52	.217	455.01	15.11
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	5	23	1,769.30	76.93	.023	353.86	1.78
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	28	308.51	11.02	.028	25.71	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6	786.85	131.14	.006	196.71	.79
HOSPICE SERVICES	15	332	37,240.44	112.17	.334	2482.70	37.47
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	45	4,997	2,088.99	.42	5.027	46.42	2.10
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	217	572 \$	51,058.80	\$ 89.26	.575	\$ 235.29	\$ 51.37
@* TOTALS IN THESE LINES ARE (GIVEN AS A SEPARATE	INFORMATION ITEM ON	NLY;				

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,905 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL VENTURA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

						MON	ITHLY AVERA	GE
75 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	85	1,833	\$	109,004.35	\$ 59.47	24.440 \$	1282.40	\$ 1453.39
@PHYSICIANS SERVICES	21	115	\$	5,976.32	\$ 51.97	1.533 \$	284.59	\$ 79.68
OUTPATIENT VISITS	3	3		237.09	79.03	.040	79.03	3.16
OFFICE VISITS	2	2		129.01	64.51	.027	64.51	1.72
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.013	108.08	1.44
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	4	8		412.46	51.56	.107	103.12	5.50

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	3	6			222 46		55.41	000		110 00		4 40
HOSETIAL VISITS	9	0			332.46		33.41	.080		110.82		4.43
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	1	2			80.00		40.00	.027		80.00		1.07
OPHTHALMOLOGICAL SERVICES	1	1			39.86		39.86	.013		39.86		.53
EXAMINATIONS	1	1			39.86		39.86	.013		39.86		.53
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	31			2,697.04		87.00	.413		899.01		35.96
PRINCIPAL SURGEON	2	10			2,402.94		240.29	.133		1201.47		32.04
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	21			294.10		14.00	.280		147.05		3.92
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	7	50			1,714.47		34.29	.667		244.92		22.86
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	Û	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS		22			875.40		39.79	.293		79.58		11.67
@PHARMACY	41	981	\$		17,835.06	\$		13.080	Ś	435.00	Ś	237.80
PRESCRIPTION DRUGS	39	224	т		17,115.01	т	76.41	2.987	т	438.85	т	228.20
SNF/ICF	13	140			10,406.54		74.33	1.867		800.50		138.75
OUTPATIENTS	26	84			6,708.47		79.86	1.120		258.02		89.45
MEDICAL SUPPLIES	6	757			720.05		.95	10.093		120.01		9.60
@DENTIST	7	19	\$		1,053.00	\$	55.42	.253	Ś	150.43	Ś	14.04
VISITS - DIAGNOSTIC	4	14	٣		268.00	Ψ.	19.14	.187	۲	67.00	٧	3.57
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	1	1			200.00		200.00	.013		200.00		2.67
ENDODONTICS	1	1			330.00		330.00	.013		330.00		4.40
RESTORATIVE DENTISTRY	2	3			255.00		85.00	.040		127.50		3.40
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	Û	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITI	IRES	MONTH-OF		EPOR			DEC		P.	AGE 17,906
MOP024	FEE-FOR-SERVICE/DENTAL		,.(110	11014111 01		011.	I ION OAN	2001 1111(0	טעכ	2001	- 1	03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FO		CASE	S- BLINI) TN PA-RT.T	ND	ATD COL)E 2E				55/11/05

VENTURA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

75 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1 1 15.98 \$ 15.98 .013 \$ 15.98 \$ DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .00 .000 .00 .013 EYE APPLIANCES 1 15.98 15.98 .00 15.98 15.98 .21 .00 .00 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 0 VISITS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 10 35.20 \$ 3.52 3.52 .133 \$ 5.87 \$ @PODIATRIST .47 .000 .00 0 .00 .00 MEDICINE/INJECTIONS SURGERY/ANES. .00 .00 .000 .00

----- MONTHLY AVERAGE -----

OMUED	0	1.0		35 30		2 52	122		. 0 0		.47	
OTHER	0	10		33.20	<u> </u>	3.32	.133	<u> </u>	3.07	<u>^</u>		
GHOME HEALTH AGENCY	U	U	2	.00	Ş	.00	.000	Ş	.00	Ş	.00	
NURSE ANESTHESIST	0	0 \$	è	.00	Ş	.00	.000	Ş	.00	Ş	.00	
NURSE MIDWIFE	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	19	76	5	18,662.80	\$	245.56	1.013	\$	982.25	\$	248.84	
HOSP INPATIENT TOTAL	4	12		16.521.30		1376.78	.160		4130.33		220.28	
HSC HOSPITALS	2	10		10 564 61		1056 46	133		5282 31			
NON-USC HOSPITAL TOTAL	1	2		5 731 29		2865 64	027		5282.31 5731.28		76.42	
ACCOMMODATIONS	1	2		710 20		250.04	027		710 20		9.59	
ACCOMMODATIONS	1	2		719.20		339.00	.027		719.20		.00	
ADMINISTRATIVE DAIS	U	U		.00		.00	.000		.00			
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	1	2		719.20		359.60	.027		719.20		9.59	
ANCILLARIES	1	0		5 , 012.08		.00	.000		5012.08		66.83	
INPATIENT CROSSOVERS	1	0		225.41		.00	.000		225.41		3.01	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	17	64		2,141.50		33.46	.853		125.97		28.55	
MEDICAL	5	6		324.67		54.11	.080		64.93		4.33	
SURGERY	0	0		- 0.0		. 0.0	. 000		. 0.0		.00	
PATHOLOGY	2	1 4		118 33		8 45	187		59 17		1.58	
PADTOLOCY	2	3		564 54		100 10	040		282 27		7.53	
DOOM HEE	5	5		220 67		20 15	.040		16 13		3.08	
CDOCCOVEDC/ALL OUR OURDAND	1 2	35		230.07		25.43	.000		60.10		12.04	
CROSSOVERS/ALL OIR OUIFINI	13	55	4	11 001 04	Ċ	23.01	722	ċ	998.50	Ċ		
COUNTY HOSPITAL TOTAL	12	55 ¥	?	11,981.94	Ş	217.85	./33	Ş	998.50	Þ	1 40 00	
CO HOSPITAL INPATIENT TOTAL	2	10		10,564.61		1056.46	.133		5282.31		140.86	
HSC HOSPITALS	2	10		10,564.61		1056.46	.133		5282.31		140.86	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	11	4.5		1,417,33		31.50	.600		128.85			
MEDICAL	4	4		195.75		48.94	.053		48.94		18.90 2.61	
SIIRGERY	0	Û		00		00	000		0.0		.00	
PATHOLOGY	2	1 4		118 33		8 45	187		59.17		1.58	
PADIOLOGI	1	2		366 89		193 /5	027		366 89		4.89	
DOOM LICE	1	Δ		146 01		26 50	052		36.50		1.95	
CDOCCOVEDC / ALL OHIL OUHDHAM	4	21		140.01		20.30	.033		98.39		7.87	
CROSSOVERS/ALL OTH COTPINT	0	Z		590.35		Z8.11	.280	DE 0	98.39	Б.	/.8/	,
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	5 MON	NTH-OF-PAYMENT R	EPOR	T FOR JAN .	2004 THRU	DEC	2004	PA		
MOPU24	FEE-FOR-SERVICE,	/DENTAL									03/14/05	
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CAS	SES-	BLIND IN PA-BLI	ND	AID COD	E 2E					
OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOPO 24 VENTURA COUNTY							M	ONT	HLY AVERA	GE -		
75 ELIGIBLES	USERS			EXPENDITURES							COST PER	
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	10	21 \$	>	6,680.86	\$	318.14	.280	\$		\$		
COMM HOSP INPATIENT TOTAL	2	2		5,956.69		2978.35	.027		2978.35		79.42	
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00	
NON-HSC HOSPITALS TOTAL	1	2		5,731.28		2865.64	.027		5731.28		76.42	
ACCOMMODATIONS	1	2		719.20		359.60	.027		719.20		9.59	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
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RADIO./PATHOLOGY

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ALL OTHER ACCOM	1	2		719.20		359.60	.027		719.20		9.59
ANCILLARIES	1	0		5,012.08		.00	.000		5012.08		66.83
INPATIENT CROSSOVERS	1	0		225.41		.00	.000		225.41		3.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	8	19		724.17		38.11	.253		90.52		9.66
MEDICAL	2	2		128.92		64.46	.027		64.46		1.72
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	2		197.65		197.65	.013		197.65		2.64
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	2	14		84.66 312.94		42.33 22.35	.027 .187		42.33 44.71		1.13 4.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
MENTALLY ILL	0	0	Ÿ	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	18	442	Ś	49,075.58	\$	111.03	5.893	Ś		Ś	654.34
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	18	442		49,075.58		111.03	5.893		2726.42		654.34
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	U	0	<u>^</u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@HEMODIALYSIS TOTAL	4	7	\$	3,298.52	\$	471.22 .00	.093	Ş	824.63	Ş	43.98
HOSPITAL BASED HEMODIALYSIS CENTER	0	7		.00 3,298.52		.00 471.22	.000		.00 824.63		.00 43.98
@REHABILITATION FACILITY	1	3	\$	49.24	\$	16.41	.040	Ċ	49.24	Ċ	.66
HOSPITAL BASED	0	0	Ų	.00	Ą	.00	.000	ې	.00	۲	.00
INDEPENDENT FACILITY	1	3		49.24		16.41	.040		49.24		.66
@LABORATORY FACILITY	3	6	\$	51.28	\$	8.55	.080	Ś	17.09	Ś	.68
PATHOLOGY	3	6	т.	51.28	-	8.55	.080	-	17.09	7	.68
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	730.80	\$	146.16	.067	\$	243.60	\$	9.74
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	5		730.80		146.16	.067		243.60		9.74
#CALIF DEPT OF HEALTH SERV			JRES MO	ONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 17,908
MOP024	FEE-FOR-SERVICE		~-~-~				- 0-				03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG	CASES-	- BLIND IN PA-BLI	.ND	AID COD		ONTE		CE	
75 FITCIDIES	HCEDC	INTER OF CEDITO	יחי	EADENDIMIDEC	7. 7. 7. 7.	DACE COCE	UNITS/DAY				
75 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			ONIIS/DAI		USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	168	\$	12,220.57	\$	- ,			1110.96		162.94
DURABLE MED. EQUIP.	2	3		2,886.28	Υ		.040				
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	Ō		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	130		594.10		4.57	1.733		594.10		7.92
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	1	130		594.10		4.57	1.733		594.10		7.92
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	17	3,287.98	193.41	.227	1643.99	43.84
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	2	17	3,287.98	193.41	.227	1643.99	43.84
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	855.62	213.91	.053	427.81	11.41
HOSPICE SERVICES	1	8	4,504.00	563.00	.107	4504.00	60.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	6	92.59	15.43	.080	30.86	1.23
@CALIF. CHILDREN SERVICES*	7	469	\$ 22,777.20	\$ 48.57	6.253	\$ 3253.89	\$ 303.70
@XOVER EXCLUDING STATE HOSP**	26	68	\$ 5,208.61	\$ 76.60	.907	\$ 200.33	\$ 69.45

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,909 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

VENTURA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

							M(JN'T	'HLY AVERA	.GE	
3,114 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,327	39 , 193	\$	1,599,766.17	\$	40.82	12.586	\$	687.48	\$	513.73
@PHYSICIANS SERVICES	412	1,722	\$	69,986.90	\$	40.64	.553	\$	169.87	\$	22.47
OUTPATIENT VISITS	148	185		7,983.64		43.15	.059		53.94		2.56
OFFICE VISITS	89	103		3,408.25		33.09	.033		38.29		1.09

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON OFFICIAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON OFFICIAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON OFFICIAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS OPHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES ODENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS ENDODONTICS ENDODONTICS ENDODONTICS ENDODONTICS ENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOPO 24 VENTURA COUNTY	2	3		102.90	34.30	.001	51.45		.03
EMERGENCY ROOM	43	50		3,143.19	62.86	.016	73.10	1.	.01
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	16	29		1,329.30	45.84	.009	83.08 245.61		. 43
INPATIENT VISITS	59	244		14,491.16	59.39	.078	245.61	4.	. 65
HOSPITAL VISITS	44	215		11,201.81	52.10	.069	254.59		. 60
CRITICAL CARE	6	14		2,758.27	197.02	.004	459.71		.89
SNF/ICF/TRANS IP CARE	11	15		531.08	35.41	.005	48.28	_	.17
OPHTHALMOLOGICAL SERVICES	9	12		512.36	42.70	.004	56.93		.16
EXAMINATIONS	9	12		512 36	42 70	.004	56.93	•	.16
SERVICES AND MATERIALS	0	0		0.0	00	.000	.00		.00
TNDATTENT HOSDITAL SURGERY	22	124		14 997 92	120 95	.040	681.72		. 82
DETNICIDAT GUDCEON	17	27		11 971 76	120.55	.009	698.52		.81
ACCICAL SURGEON	1 /	2 /		525 70	267 00	.009			.17
ASSISIANI SURGEUN	2	2		2 507 27	207.90	.031	267.90 323.42	•	. 83
ANESTRESTOLOGIST	0	105		2,307.37	42.60	.031	218.46	٠	. o s . 47
OUTPATIENT SURGERY	21	105		4,387.39	43.69	.034			
PRINCIPAL SURGEON	10	1 /		3,654.65	214.98	.005	228.42	1.	
ASSISTANT SURGEON	0	U		.00	.00	.000	.00	•	
ANESTHESIOLOGIST	6	88		932.94	10.60	.028	155.49 225.04		.30
DIALYSIS	1	1		225.04	225.04	.000	225.04		.07
PATHOLOGY	47	494		3,899.20	7.89	.159	82.96		.25
RADIOLOGY	68	145		7,742.21	53.39	.047	113.86		.49
PSYCHIATRY	3	4		197.32	49.33	.001	65.77		.06
IMMUNIZATION AND INJECTION	6	14		4,341.38	310.10	.004	723.56	1.	. 39
OTHER SERVICES/ALL X-OVERS	170	394		11,009.08	27.94	.127	64.76		.54
@PHARMACY	1,364	14,592 \$		527 , 157.60	\$ 36.13	4.686 \$ 1.559	386.48	\$ 169.	. 29
PRESCRIPTION DRUGS	1,299	4,854		509,330.23	104.93	1.559	392.09	163.	. 56
SNF/ICF	188	1,217		96,527.49	79.32	.391	513.44	31.	. 0 0
OUTPATIENTS	1,129	3,637		412,802.74	113.50	1.168	365.64	132.	.56
MEDICAL SUPPLIES	141	9,738		17,827.37	1.83	3.127	126.44	132. 5.	.72
@DENTIST	118	544 \$		17,027.57 19,277.50 5,005.50 3,196.00	\$ 35.44	.175 \$	163.37	\$ 6.	
VISITS - DIAGNOSTIC	88	361		5,005.50	13.87	.116	56.88		
ORAL SURGERY	15	46		3,196.00	69.48	.015	213.07		
DRUGS	0	0		15.00CR	. 0.0	.000	.00		.00
ANESTHESTA	2	2		200 00	100 00	.001	.00 100.00	•	.06
PERIODONTICS	12	12		1 239 00	103.00	.004	103.00	•	.40
ENDODONTICS	4	6		931 00	155 17	.002	103.25 232.75	•	.30
BESTORATIVE DENTISTRY	29	71		3 243 00	45 68	.023	111.83		.04
DDOGRUFTICG	29	7 1		3,243.00	40.00	.000	.00		.00
	12	3.0		4 359 00	145 27	.010	335.23		. 40
CDACE MAINEATHERS	13	50		4,338.00	143.27	.000			.00
MAYILLOFACIAL CEDVICES	1	1		300.00	200.00	.000	.00 300.00		.10
MAXILLOFACIAL SERVICES	± 1	1		300.00	300.00	.000	300.00		
FRACTURES, DISLOCATIONS	1	1		400.00	400.00	.000	400.00 105.00		.13
ORTHODONTIC SERVICES	4	6		420.00	70.00	.002			
ALL OTHER SERVICES	5	8		.00	.00	.003	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MON'	I'H-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	2 2004		
MOP024	FEE-FOR-SERVICE	/DENTAL				_		03/1	L4/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CAS	ES- I	DISABLED IN PA-D	ISABLED AID CO	JDD 0D			
						MON'			
3,114 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				COST F	
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIE	
@OPTOMETRIST	58	176 \$		3,574.19	\$ 20.31	.057 \$	61.62		.15
DIAGNOSTIC AND ANC. PROCED	26	28		1,150.99	41.11	.009	44.27		. 37
EYE APPLIANCES	49	140		2,234.20	15.96	.045	45.60		.72
OTHER OPTOMETRIC SERVICES	4	8		189.00	23.63	.003	47.25		.06

@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.001	¢	25.08	Ś	.02
VISITS	1	1	۲	16.72	Υ	16.72	.000	۲	16.72		.01
OTHER SERVICES	1	2		33.44		16.72	.001		33.44		.01
@PODIATRIST	27	43	\$	344.65	Ċ	8.02	.014	Ċ	12.76	Ċ	.11
MEDICINE/INJECTIONS	5	7	Ą	168.00	ې	24.00	.002	۲	33.60	ې	.05
SURGERY/ANES.	0	0		.00		.00	.002		.00		.00
	0	0									
RADIO./PATHOLOGY		•		.00		.00	.000		.00		.00
OTHER	22	36	<u> </u>	176.65	<u> </u>	4.91	.012	<u> </u>	8.03	<u> </u>	.06
@HOME HEALTH AGENCY	16	63	Ş	3,807.57	Ş	60.44	.020				1.22
NURSE ANESTHESIST	0	0	\$.00	Ş	.00	.000		.00		.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	468	2,208	\$	371 , 341.67	\$	168.18		\$	793.47	\$	119.25
HOSP INPATIENT TOTAL	34	179		309,250.23		1727.65	.057		9095.60		99.31
HSC HOSPITALS	24	177		295,756.24		1670.94	.057		12323.18		94.98
NON-HSC HOSPITAL TOTAL	2	2		2,893.11		1446.56	.001		1446.56		.93
ACCOMMODATIONS	2	2		1,504.80		752.40	.001		752.40		.48
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	2		1,504.80		752.40	.001		752.40		.48
ANCILLARIES	2	0		1,388.31		.00	.000		694.16		.45
INPATIENT CROSSOVERS	8	0		10,600.88		.00	.000		1325.11		3.40
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	449	2,029		62,091.44		30.60	.652		138.29		19.94
MEDICAL	215	337		13,129.31		38.96	.108		61.07		4.22
SURGERY	24	27		971.06		35.97	.009		40.46		.31
PATHOLOGY	110	489		5,716.88		11.69	.157		51.97		1.84
RADIOLOGY	71	110		18,600.35		169.09	.035		261.98		5.97
	243	337		12,268.36		36.40	.108		50.49		3.94
ROOM USE		729									
CROSSOVERS/ALL OTH OUTPTNT	186		Ċ	11,405.48	Ċ	15.65	.234	ċ	61.32	Ċ	3.66
@COUNTY HOSPITAL TOTAL	303	1,077	\$	78,032.23	\$			Ş	257.53	Ş	25.06
CO HOSPITAL INPATIENT TOTAL		31		40,517.24		1307.01	.010		3683.39		13.01
HSC HOSPITALS	10	31		33,947.24		1095.07	.010		3394.72		10.90
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		6,570.00		.00	.000		6570.00		2.11
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	299	1,046		37,514.99		35.87	.336		125.47 54.75		12.05
MEDICAL	176	266		9,636.38		36.23	.085				3.09
SURGERY	9	10		811.16		81.12	.003		90.13		.26
PATHOLOGY	66	193		2,449.87		12.69	.062		37.12		.79
RADIOLOGY	38	57		12,405.18		217.63	.018		326.45		3.98
ROOM USE	179	238		9,106.05		38.26	.076		50.87		2.92
CROSSOVERS/ALL OTH OUTPINT	90	282		3,106.35		11.02	.091		34.52		1.00
		CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R		T FOR JAN	2004 THRU			Ρž	AGE 17,911
MOP024	FEE-FOR-SERVICE										03/14/05
VENTURA COUNTY			CASES	- DISABLED IN PA-	DISA	BLED AID C	ODE 6E				, ,
						0	M	ОИТ	HLY AVERA	GF.	
3,114 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	ΑV	ERAGE COST					COST PER
0,111 21101210	ODLING	OR DAYS OF CAR		2112 2110 11 011 110		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	180	1,131		293,309.44	\$				1629.50		94.19
COOTHONIII HODIIIAH TOTAH	100	1,101	7	255,505.44	Y	200.01	. 5 0 5	Y	1027.00	Y	J 1 • 1 J

COMM HOSP INPATIENT TOTAL	23	148		268,732.99		1815.76	.048		11684.04		86.30
HSC HOSPITALS	14	146		261,809.00		1793.21	.047		18700.64		84.07
NON-HSC HOSPITALS TOTAL	2	2		2,893.11		1446.56	.001		1446.56		.93
ACCOMMODATIONS	2	2		1,504.80		752.40	.001		752.40		.48
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	2		1,504.80		752.40	.001		752.40		.48
ANCILLARIES	2	0		1,388.31		.00	.000		694.16		.45
INPATIENT CROSSOVERS	7	0		4,030.88		.00	.000		575.84		1.29
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	162	983		24,576.45		25.00	.316		151.71		7.89
MEDICAL	43	71		3,492.93		49.20	.023		81.23		1.12
SURGERY	15	17		159.90		9.41	.005		10.66		.05
PATHOLOGY	45	296		3,267.01		11.04	.095		72.60		1.05
RADIOLOGY	33	53		6,195.17		116.89	.017		187.73		1.99
ROOM USE	71	99		3,162.31		31.94	.032		44.54		1.02
CROSSOVERS/ALL OTH OUTPTNT		447		8,299.13		18.57	.144		83.83		2.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	112		\$		Ċ	129.44		ċ	3172.51	ċ	
@NURSING FACILITY	0	2,745	P	355,320.87	\$.882	\$.00	Þ	114.10
LEV A-INTERMEDIATE	-	0		.00		.00	.000				.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	60		34,804.00		580.07	.019		34804.00		11.18
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	111	2,685	_	320,516.87	_	119.37	.862	_	2887.54	_	102.93
@INTERMEDIATE CARE FACILDD	26	532	\$	100,881.97	\$	189.63		\$	3880.08	Ş	32.40
ICF DDH	16	317		64,120.12		202.27	.102		4007.51		20.59
ICF DD	5	117		16,889.55		144.36	.038		3377.91		5.42
ICF DDN/DDCN	5	98		19,872.30		202.78	.031		3974.46		6.38
@HEMODIALYSIS TOTAL	24	240	\$	19,806.35	\$	82.53	.077	\$	825.26	\$	6.36
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	24	240		19,806.35		82.53	.077		825.26		6.36
@REHABILITATION FACILITY	43	483	\$	8,608.43	\$	17.82		\$	200.20	\$	2.76
HOSPITAL BASED	10	61		1,119.00		18.34	.020		111.90		.36
INDEPENDENT FACILITY	33	422		7,489.43		17.75	.136		226.95		2.41
@LABORATORY FACILITY	98	325	\$	3 , 564.15	\$	10.97	.104	\$	36.37	\$	1.14
PATHOLOGY	98	325		3 , 564.15		10.97	.104		36.37		1.14
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	74	124	\$	11,259.48	\$	90.80	.040	\$	152.16	\$	3.62
CLINIC	10	17		2,361.54		138.91	.005		236.15		.76
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	65	107		8 , 897.94		83.16	.034		136.89		2.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPOR1	FOR JAN	2004 THRU	DEC	2004	P	AGE 17,912
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG	CASES.	- DISABLED IN PA-	DISAE	BLED AID C	ODE 6E				
							M	ONT	HLY AVERA	GE.	
3,114 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	Œ		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	380	15,393	\$	104,784.68	\$		4.943			\$	33.65
DURABLE MED. EQUIP.	19	50		18,846.34	•	376.93	.016		991.91		6.05
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	5		1,689.81		337.96	.002		844.91		.54
MEDICAL TRANSPORTATION	59	1,937		12,032.32		6.21	.622		203.94		3.86
	<u> </u>	-,,		, 002.02			• • • • •				- • • •

AMBULANCES/AIR TRANS	35	395	4,897.37	12.	40 .12	27	139.92	1.57	
OTHER TRANS	19	1,419	7,091.75	5.	00 .45	56	373.25	2.28	
OTHER SERVICES	5	123	43.20		35 .03	39	8.64	.01	
ACUPUNCTURE	0	0	.00		00.00	0 0	.00	.00	
ADULT DAY HEALTH CARE CTR	34	179	12,465.27	69.	64 .05	57	366.63	4.00	
GENETIC DISEASE TESTING	0	0	.00		00.00	0.0	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	6	23	3,525.15	153.	27 .00	7	587.53	1.13	
OCCUPATIONAL THERAPIST	1	7	89.81	12.	83 .00)2	89.81	.03	
OPTICIAN	43	98	1,359.43	13.	87 .03	31	31.61	.44	
PHYSICAL THERAPIST	0	0	.00		00.00	0.0	.00	.00	
PORTABLE X-RAY	2	4	140.13	35.	03 .00)1	70.07	.05	
PROSTHETIST/ORTHOTISTS	8	59	7,058.56	119.		L 9	882.32	2.27	
PROSTHETICS	5	17	521.97	30.	70 .00)5	104.39	.17	
ORTHOTICS	3	42	6 , 536.59	155.	63 .03	L3	2178.86	2.10	
PSYCHOLOGIST	2	13	494.13	38.) 4	247.07	.16	
SPEECH AND AUDIOLOGY	8	26	1,860.33	71.	55 .00	8 (232.54	.60	
HOSPICE SERVICES	7	149	18,234.17	122.	38 .04	18	2604.88	5.86	
NONINST BIRTHING CENTERS	0	0	.00		00.00	0.0	.00	.00	
LOCAL EDUCATION AGENCIES	163	5,925	24,716.68	4.	17 1.90)3	151.64	7.94	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		00.00	0.0	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00		00.00	0 0	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00		00.00	0.0	.00	.00	
ALL OTHER PROVIDERS	41	6,918	2,272.55		33 2.22	22	55.43	.73	
@CALIF. CHILDREN SERVICES*	107	2,510	\$ 296 , 901.79	\$ 118.	29 .80)6 \$	2774.78	\$ 95.34	
@XOVER EXCLUDING STATE HOSP**	317	2,867	\$ 51,957.06	\$ 18.	12 .92	21 \$	163.90	\$ 16.68	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,913
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
VENTURA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----4,183 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,094 64,506 \$ 2,366,288.77 \$ 36.68 15.421 \$ 764.80 \$ 565.69 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 508 2,063 79,355.73 \$ 38.47 .493 \$ 156.21 \$ 18.97 151 OUTPATIENT VISITS 188 8,220.73 43.73 .045 54.44 1.97 91 105 33.69 .025 38.87 OFFICE VISITS 3,537.26 2 3 102.90 34.30 .001 51.45 .02 HOME VISITS 4 4 0 EMERGENCY ROOM 51 3,251.27 63.75 .012 73.89 .78 0 .00 .00 .00 PREVENTIVE CARE .000 0 0 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 29 16 63 47 6 16 OTHER OUTPATIENT 1,329.30 45.84 .007 83.08 .32 252 59.14 .060 236.57 14,903.62 INPATIENT VISITS 2.76 HOSPITAL VISITS 221 11,534.27 52.19 .053 245.41 14 CRITICAL CARE 2,758.27 197.02 .003 459.71 .66 SNF/ICF/TRANS IP CARE 12 17 611.08 35.95 .004 50.92 12 OPHTHALMOLOGICAL SERVICES 16 669.67 41.85 .004 55.81 .16 12 16 669.67 41.85 55.81 EXAMINATIONS .004 .16 .000 0 .00 .00 .00 SERVICES AND MATERIALS 25 19 155 17,694.96 707.80 INPATIENT HOSPITAL SURGERY 114.16 .037 4.23 37 14,277.70 385.88 PRINCIPAL SURGEON .009 751.46 3.41 535.79 267.90 .000 267.90 .13 ASSISTANT SURGEON 10 116 24.84 288.15 ANESTHESIOLOGIST 2,881.47 .028 .69 OUTPATIENT SURGERY 106 4,773.74 45.04 .025 216.99 1.14 PRINCIPAL SURGEON 17 3,840.80 213.38 .004 225.93

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	6	88		932.94		10.60	.021		155.49		.22
DIALYSIS	1	1		225.04		225.04	.000		225.04		.05
PATHOLOGY	47	494		3,899.20		7.89	.118		82.96		.93
RADIOLOGY	76	196		9,511.50		48.53	.047		125.15		2.27
PSYCHIATRY	3	4		197.32		49.33	.001		65.77		.05
IMMUNIZATION AND INJECTION	6	14		4,341.38		310.10			723.56		1.04
OTHER SERVICES/ALL X-OVERS	253	637		14,918.57		23.42	.152		58.97		3.57
@PHARMACY	1,847	28,165	\$	667,030.33	\$	23.68	6.733	\$	361.14	\$	159.46
PRESCRIPTION DRUGS	1,760	6 , 829		645 , 963.78		94.59	1.633		367.02		154.43
SNF/ICF	314	2,137		152,471.94		71.35	.511		485.58		36.45
OUTPATIENTS	1,467	4,692		493,491.84		105.18	1.122		336.40		117.98
MEDICAL SUPPLIES	182	21,336		21,066.55		.99	5.101		115.75		5.04
@DENTIST	156	717	\$	25 , 997.45	\$.171	\$	166.65	\$	6.22
VISITS - DIAGNOSTIC	119	494		6,699.50		13.56	.118		56.30		1.60
ORAL SURGERY	16	59		3 , 671.95		62.24			229.50		.88
DRUGS	0	0		15.00CR		.00			.00		.00
ANESTHESIA	2	2		200.00		100.00	.000		100.00		.05
PERIODONTICS	17	17		2,075.00		122.06	.004		122.06		.50
ENDODONTICS	5	7		1,261.00		180.14	.002		252.20		.30
RESTORATIVE DENTISTRY	36	86		3,972.00		46.19	.021		110.33		.95
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	16	36		7,013.00		194.81	.009		438.31		1.68
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		300.00		300.00	.000		300.00		.07
FRACTURES, DISLOCATIONS	1	1		400.00		400.00	.000		400.00		.10
ORTHODONTIC SERVICES	4	6		420.00		70.00	.001		105.00		.10
ALL OTHER SERVICES	6	8		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDIT	URES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 17,914
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES FOR	R CRAIG	CASES-	TOTAL IN PA-TOTA	L						

----- MONTHLY AVERAGE -----

4,183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	80	236 \$	4,735.67	\$ 20.07	.056 \$	59.20	\$ 1.13
DIAGNOSTIC AND ANC. PROCED	29	31	1,293.34	41.72	.007	44.60	.31
EYE APPLIANCES	67	195	3,121.27	16.01	.047	46.59	.75
OTHER OPTOMETRIC SERVICES	7	10	321.06	32.11	.002	45.87	.08
@CHIROPRACTOR	2	3 \$	50.16	\$ 16.72	.001 \$	25.08	\$.01
VISITS	1	1	16.72	16.72	.000	16.72	.00
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.01
@PODIATRIST	63	107 \$	565.83	\$ 5.29	.026 \$	8.98	\$.14
MEDICINE/INJECTIONS	5	7	168.00	24.00	.002	33.60	.04
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	58	100	397.83	3.98	.024	6.86	.10
@HOME HEALTH AGENCY	16	63 \$	3,807.57	\$ 60.44	.015 \$	237.97	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	•
FAMILY NURSE PRACTITIONER	0	0 \$ 2,503 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	543			\$ 175.32	.598 \$		•
HOSP INPATIENT TOTAL	543 49	238	371,930.73	1562.73	.057	7590.42	88.91
HSC HOSPITALS	30	234	347,436.49	1484.77	.056	11581.22	83.06
NON-HSC HOSPITAL TOTAL	3	4	8,624.39	2156.10	.001	2874.80	2.06
ACCOMMODATIONS	3	4 4 0 0 4 0	2,224.00	556.00	.001	741.33	.53
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	4	2,224.00	556.00	.001	741.33	.53
ANCILLARIES	3	0	6,400.39	.00	.000	2133.46	1.53
INPATIENT CROSSOVERS		-	15,869.85	.00	.000	991.87	3.79
ALL OTHER INPATIENT	0	0 2 , 265	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	511		66,895.18	29.53	.541	130.91	15.99
MEDICAL	222 24	346 27	13,550.29 971.06	39.16	.083 .006	61.04	3.24
SURGERY	112	503	5,835.21	35.97 11.60	.120	52.10	.23 1.39
PATHOLOGY RADIOLOGY	75	115	19,205.67	167.01	.027	256.08	4.59
ROOM USE	249	345	12,572.47	36.44	.082	50.49	3.01
CROSSOVERS/ALL OTH OUTPTNT	241	929	14,760.48	15.89	.222	61.25	3.53
@COUNTY HOSPITAL TOTAL	341	1,202 \$		\$ 75.99		267.84	
CO HOSPITAL INPATIENT TOTAL	13	41	51,081.85	1245 90	.010	3929.37	12.21
HSC HOSPITALS	12	41	44,511.85	1245.90 1085.65	.010	3709.32	10.64
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ō	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	6,570.00	.00		6570.00	1.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	336	1,161	40,252.93	34.67	.278	119.80	9.62
MEDICAL	182	273	9,928.44	36.37	.065	54.55	2.37
SURGERY	9	10	811.16	81.12	.002	90.13	.19
PATHOLOGY	68	207	2,568.20	12.41	.049	37.77	.61
RADIOLOGY	41	61	12,812.85	210.05	.015	312.51	3.06
ROOM USE	184	244	9,325.50	38.22	.058	50.68	2.23
CROSSOVERS/ALL OTH OUTPINT	119	366	4,806.78	13.13	.087	40.39	1.15
#CALIF DEPT OF HEALTH SERV M	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	004 THRU DE	C 2004	PAGE 17,915

MOP024 FEE-FOR-SERVICE/DENTAL
VENTURA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL 03/14/05

VENTURA COUNTY	SUMMARY OF SERVIC	ES FOR CRAIG CA	SES- 1	TOTAL IN PA-TO	TAL					C T	
4,183 ELIGIBLES	USERS I	NITS OF SERVICE		EXPENDITURES	7/ 7 7777	DACE COCE	UNITS/DAY		HLY AVERA		COST PER
		OR DAYS OF CARE		FYLFINDIIOKF2			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	221		\$	347,491.13		267.10			1572.36		83.07
COMM HOCD TADAMTERM MOMAT	26	1,301	Ÿ	320,848.88		1628.67	.047	۲	8912.47	ې	76.70
COMM HOSP INPALLENT TOTAL	10	197				1569.56	.047		16829.15		72.42
NON HAG HOODIMALS MOMAL	3	193		302,924.64							
NON-HSC HOSPITALS TOTAL	3	4		8,624.39		2156.10	.001		2874.80		2.06
ACCOMMODATIONS	3	4		2,224.00		556.00	.001		741.33		.53
ADMINISTRATIVE DAYS	Ü	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	4		2,224.00		556.00	.001		741.33		.53
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	3	4 4 0 0 4 0 0 0 0 1,104 73		6,400.39		.00	.000		2133.46		1.53
INPATIENT CROSSOVERS	15	0		9,299.85		.00	.000		619.99		2.22
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	190	1,104		26,642.25		24.13	.264		140.22		6.37
MEDICAL	45	73		3,621.85		49.61	.017		80.49		.87
SURGERY	15 45	17		159.90		9.41	.004		10.66		.04
PATHOLOGY	45	296		3,267.01		11.04	.071		72.60		.78
RADIOLOGY	34	54		6,392.82		118.39	.013		188.02		1.53
ROOM USE	73	101		3,246.97		32.15	.024		44.48		.78
CROSSOVERS/ALL OTH OUTPINT		563		9,953.70		17.68	.135		79.00		2.38
			Ś	.00		.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0 0 0 290 0	0	Τ	.00		.00	.000	т	.00	Τ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	290		S	812,288.37		130.80	1.485	¢	2800.99	Ś	194.19
LEV A-INTERMEDIATE	250	0,210	Y	.00		.00	.000	Y	.00	Y	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-KERAD MD LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV D-SUBACULE PREESTANDING	1	60				580.07					8.32
LEV B-SUBACUTE HSPTL BASED	1 0 289 26			34,804.00			.014		34804.00		
LEV B-TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	289	6 , 150		777,484.37		126.42	1.470		2690.26		185.87
@INTERMEDIATE CARE FACILDD	26		\$	100,881.97		189.63		Ş	3880.08	Ş	24.12
ICF DDH	16	317		64,120.12		202.27	.076		4007.51		15.33
ICF DD	5	117		16,889.55		144.36	.028		3377.91		4.04
ICF DDN/DDCN	5	98		19,872.30		202.78	.023		3974.46		4.75
@HEMODIALYSIS TOTAL	36	255	\$	26,864.15		105.35	.061	\$	746.23	\$	6.42
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	36	255		26,864.15		105.35	.061		746.23		6.42
@REHABILITATION FACILITY	44	486	\$	8,657.67	\$	17.81	.116	\$	196.77	\$	2.07
HOSPITAL BASED	10	61		1,119.00		18.34	.015		111.90		.27
INDEPENDENT FACILITY	34	425		7,538.67		17.74	.102		221.73		1.80
@LABORATORY FACILITY PATHOLOGY	105	349	\$	3,837.93	\$	11.00	.083	\$	36.55	\$.92
PATHOLOGY	105	349		3,837.93		11.00	.083		36.55		.92
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	94	147	\$	13,241.02		90.07	.035	Ś	140.86	Ś	3.17
CLINIC	13	20	7	2,560.37		128.02	.005	-1	196.95	т.	.61
SURGICENTER	1	2		122.83		61.42	.000		122.83		.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	81	125		10,557.82		84.46	.030		130.34		2.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		C MONT					DEC		D	2.52 AGE 17,916
MOP024			O MOM	II OF-FAIMENT	VELOKI	FOR JAN .	LUU4 INKU	חהר	2004	P	03/14/05
	FEE-FOR-SERVICE/I		OEO T	10 mar - Tai - Da - mo	m 7. T						03/14/05
VENTURA COUNTY	SUMMARY OF SERVIC	LO FUK CRAIG CA	o⊾o- 1	LOTAL IN PA-TO	IАL			40.NT		CE	
4 102 ELICIDIES	HCEDC I	INITE OF CEDUTOR		EADENDIMIDEC	7/ 7 7777				HLY AVERA		

4,183 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	515	22,670	\$ 180,149.01	\$ 7.95	5.420	\$ 349.80	\$ 43.07
DURABLE MED. EQUIP.	24	85	22,986.88	270.43	.020	957.79	5.50
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	10	1,792.08	179.21	.002	358.42	.43
MEDICAL TRANSPORTATION	72	3,537	17,204.19	4.86	.846	238.95	4.11
AMBULANCES/AIR TRANS	35	395	4,897.37	12.40	.094	139.92	1.17
OTHER TRANS	28	2 , 972	12,184.45	4.10	.710	435.16	2.91
OTHER SERVICES	9	170	122.37	.72	.041	13.60	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	67	395	27,480.64	69.57	.094	410.16	6.57
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	11	46	5 , 294.45	115.10	.011	481.31	1.27
OCCUPATIONAL THERAPIST	1	7	89.81	12.83	.002	89.81	.02
OPTICIAN	55	126	1,667.94	13.24	.030	30.33	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	140.13	35.03	.001	70.07	.03
PROSTHETIST/ORTHOTISTS	10	76	10,346.54	136.14	.018	1034.65	2.47
PROSTHETICS	5	17	521.97	30.70	.004	104.39	.12
ORTHOTICS	5	59	9,824.57	166.52	.014	1964.91	2.35
PSYCHOLOGIST	2	13	494.13	38.01	.003	247.07	.12
SPEECH AND AUDIOLOGY	14	36	3,502.80	97.30	.009	250.20	.84
HOSPICE SERVICES	23	489	59 , 978.61	122.66	.117	2607.77	14.34
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	163	5 , 925	24,716.68	4.17	1.416	151.64	5.91
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	89	11,921	4,454.13	.37	2.850	50.05	1.06
@CALIF. CHILDREN SERVICES*	114	2 , 979	\$,	\$ 107.31	.712		•
@XOVER EXCLUDING STATE HOSP**	560	3,507	\$ 108,224.47	\$ 30.86	.838	\$ 193.26	\$ 25.87

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,917 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

V = 1,1 01 1 1 0 0 0 1,1 1 1	OUTHING OF CHANGE OF THE CHANGE								
				MONTHLY AVERAGE					
1,197,819 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	628 , 493	11,843,495	\$	308,631,146.96	\$ 26.06	9.888	491.07	\$ 257.66	
@PHYSICIANS SERVICES	155 , 374	490,678	\$	20,186,462.43	\$ 41.14	.410	129.92	\$ 16.85	
OUTPATIENT VISITS	87 , 487	120,044		4,426,733.93	36.88	.100	50.60	3.70	
OFFICE VISITS	63 , 741	83,102		2,651,895.36	31.91	.069	41.60	2.21	
HOME VISITS	288	376		15,327.08	40.76	.000	53.22	.01	
EMERGENCY ROOM	19 , 170	21,443		1,161,918.94	54.19	.018	60.61	.97	
PREVENTIVE CARE	1,990	2,040		82,293.63	40.34	.002	41.35	.07	
OB VISITS/COMPRE PERI	3,668	10,118		411,568.77	40.68	.008	112.21	.34	
OTHER OUTPATIENT	2,375	2 , 965		103,730.15	34.98	.002	43.68	.09	
INPATIENT VISITS	11,936	44,621		3,058,462.77	68.54	.037	256.24	2.55	
HOSPITAL VISITS	10,409	32,331		1,480,370.97	45.79	.027	142.22	1.24	
CRITICAL CARE	1,387	10,639		1,522,196.50	143.08	.009	1097.47	1.27	
SNF/ICF/TRANS IP CARE	790	1,651		55,895.30	33.86	.001	70.75	.05	
OPHTHALMOLOGICAL SERVICES	2,469	3 , 531		146,697.36	41.55	.003	59.42	.12	
EXAMINATIONS	2,447	3 , 495		145,569.63	41.65	.003	59.49	.12	
SERVICES AND MATERIALS	34	36		1,127.73	31.33	.000	33.17	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	10,648	59,118		5,428,703.14	9	1.83	.049		509.83		4.53
PRINCIPAL SURGEON	6,894	10,012		4,324,125.76	43	1.89	.008		627.23		3.61
ASSISTANT SURGEON	780	794		151,374.33	19	0.65	.001		194.07		.13
ANESTHESIOLOGIST	4,298	48,312		953,203.05	1	9.73	.040		221.78		.80
OUTPATIENT SURGERY	7,632	25,476		1,452,872.93		7.03	.021		190.37		1.21
PRINCIPAL SURGEON	6,131	7,744		1,175,299.54	15	1.77	.006		191.70		.98
ASSISTANT SURGEON	45	46		4,923.75		7.04	.000		109.42		.00
ANESTHESIOLOGIST	2,063	17,686		272,649.64	1.	5.42	.015		132.16		.23
DIALYSIS	732	2,637		199,958.70	7	5.83	.002		273.17		.17
PATHOLOGY	17,439	66,838		444,626.17		6.65	.056		25.50		.37
RADIOLOGY	29,846	55,778		2,207,866.49	3	9.58	.047		73.98		1.84
PSYCHIATRY	15	16		610.73	3	3.17	.000		40.72		.00
IMMUNIZATION AND INJECTION	3,419	9,053		640,153.49	7	0.71	.008		187.23		.53
OTHER SERVICES/ALL X-OVERS	34,779	103,566		2,179,776.72	2	1.05	.086		62.68		1.82
@PHARMACY	353,931	4,293,971			\$ 2	2.06	3.585	\$	267.58	\$	79.06
PRESCRIPTION DRUGS	348,413	1,160,874		91,309,626.65		3.66	.969		262.07		76.23
SNF/ICF	18,112	143,157		9,562,222.66	6	6.80	.120		527.95		7.98
OUTPATIENTS	331,772	1,017,717		9,562,222.66 81,747,403.99 3,395,833.16	8	0.32	.850		246.40		68.25
MEDICAL SUPPLIES	23,718	3,133,097		3,395,833.16		1.08	2.616		143.18		2.84
@DENTIST	331,772 23,718 54,224	306,735	\$	8,845,362.23	\$ 2	3.84	.256	\$	163.13	\$	7.38
VISITS - DIAGNOSTIC	40,23/	212,516		2,667,799.39		2.55	.177		66.30		2.23
ORAL SURGERY	7,450 892 121	16,105		917,480.81	5	6.97	.013		123.15		.77
DRUGS	892	1,095		22,970.26		0.98	.001		25.75		.02
ANESTHESIA	121	188		9,545.00	5	0.77	.000		78.88		.01
PERIODONTICS	3,025	3,102		342,229.60	11	0.33	.003		113.13		.29
ENDODONTICS	4,576	8,523		1,062,564.53	12	4.67	.007		232.20		.89
RESTORATIVE DENTISTRY	17,047	54,362		2,844,823.85	5:	2.33	.045		166.88		2.38
PROSTHETICS	360	393		11,500.00	2	9.26	.000		31.94		.01
DENTURES, STAYPLATES	2,048	6,166		694,967.26	11:	2.71	.005		339.34		.58
SPACE MAINTAINERS	501	671		70,757.00	10	5.45	.001		141.23		.06
MAXILLOFACIAL SERVICES	121	145		15,222.31	10	4.98	.000		125.80		.01
FRACTURES, DISLOCATIONS	10	17		6,350.00	37.	3.53	.000		635.00		.01
ORTHODONTIC SERVICES	1,922	2,311		169,492.42	7.	3.34	.002		88.19		.14
ALL OTHER SERVICES	1,217	1,141		9,659.80		3.47	.001		7.94		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT R	EPORT FO	R JAN	2004 THRU	DEC	2004	E	PAGE 17,918
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
VENTURA COUNTY	SUMMARY OF SER	VICES FOR TOTAL C	ERTI	FIED							
							M	ONTE	HLY AVERA	GE	
1,197,819 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAG:	E COST	UNITS/DAY	s c	COST PER		COST PER

1,197,819 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	RAGE COST	UNITS/DAY PER ELIG	-	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	17,916	50,017	\$ 1,122,719.49	\$ 22.45	.042		62.67	.94
DIAGNOSTIC AND ANC. PROCED	11,010	11,914	477,687.84	40.09	.010		43.39	.40
EYE APPLIANCES	12,895	36,554	612,049.03	16.74	.031		47.46	.51
OTHER OPTOMETRIC SERVICES	964	1,549	32,982.62	21.29	.001		34.21	.03
@CHIROPRACTOR	815	1,483	\$ 24,081.91	\$ 16.24	.001	\$	29.55	\$.02
VISITS	783	1,414	23,278.42	16.46	.001		29.73	.02
OTHER SERVICES	32	69	803.49	11.64	.000		25.11	.00
@PODIATRIST	8,303	19,318	\$ 474,389.96	\$ 24.56	.016	\$	57.13	\$.40
MEDICINE/INJECTIONS	4,238	5,015	172,462.41	34.39	.004		40.69	.14
SURGERY/ANES.	1,246	1,393	22,960.53	16.48	.001		18.43	.02
RADIO./PATHOLOGY	1,748	3,247	57 , 660.24	17.76	.003		32.99	.05
OTHER	5 , 635	9,663	221,306.78	22.90	.008		39.27	.18
@HOME HEALTH AGENCY	1,091	62 , 227	\$ 1,960,088.06	\$ 31.50	.052	\$	1796.60	\$ 1.64
NURSE ANESTHESIST	11	43	\$ 344.54	\$ 8.01	.000	\$	31.32	\$.00
NURSE MIDWIFE	153	1,152	\$ 60,828.70	\$ 52.80	.001	\$	397.57	\$.05
PEDIATRIC NURSE PRACTITIONER	88	126	\$ 5,294.08	\$ 42.02	.000	\$	60.16	\$.00

FAMILY NURSE PRACTITIONER	8	16	\$ 463.50	\$ 28.97	.000	\$ 57.94	\$.00
@TOTAL HOSPITAL	185,618	826,069	\$ 80,526,182.42	\$ 97.48	.690	\$ 433.83	\$ 67.23
HOSP INPATIENT TOTAL	12,551	46,306	55,165,220.22	1191.32	.039	4395.28	46.05
HSC HOSPITALS	11,084	44,628	50,914,555.11	1140.87	.037	4593.52	42.51
NON-HSC HOSPITAL TOTAL	264	1,667	2,895,083.04	1736.70	.001	10966.22	2.42
ACCOMMODATIONS	263	1,667	799,766.04	479.76	.001	3040.94	.67
ADMINISTRATIVE DAYS	15	306	67,201.65	219.61	.000	4480.11	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	249	1,361	732,564.39	538.25	.001	2942.03	.61
ANCILLARIES	263	0	2,095,317.00	.00	.000	7966.98	1.75
INPATIENT CROSSOVERS	1,253	11	1,355,582.07	123234.73	.000	1081.87	1.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	178 , 565	779 , 763	25,360,962.20	32.52	.651	142.03	21.17
MEDICAL	102,635	154 , 575	5,293,837.14	34.25	.129	51.58	4.42
SURGERY	9,566	11,214	707,656.79	63.10	.009	73.98	.59
PATHOLOGY	49,456	170,372	1,778,639.42	10.44	.142	35.96	1.48
RADIOLOGY	27 , 950	39 , 078	3,278,615.67	83.90	.033	117.30	2.74
ROOM USE	132,871	194,904	7,123,032.18	36.55	.163	53.61	5.95
CROSSOVERS/ALL OTH OUTPTNT	61,668	209,620	7,179,181.00	34.25	.175	116.42	5.99
@COUNTY HOSPITAL TOTAL	113,608	462,280	\$ 37,511,512.33	\$ 81.14	.386	\$ 330.18	\$ 31.32
CO HOSPITAL INPATIENT TOTAL	4,730	18,243	21,498,797.85	1178.47	.015	4545.20	17.95
HSC HOSPITALS	4,654	17 , 857	21,307,082.17	1193.21	.015	4578.23	17.79
NON-HSC HOSPITALS TOTAL	25	375	130,156.96	347.09	.000	5206.28	.11
ACCOMMODATIONS	25	375	86,473.17	230.60	.000	3458.93	.07
ADMINISTRATIVE DAYS	4	183	42,327.90	231.30	.000	10581.98	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	192	44,145.27	229.92	.000	2102.16	.04
ANCILLARIES	24	0	43,683.79	.00	.000	1820.16	.04
INPATIENT CROSSOVERS	63	11	61 , 558.72	5596.25	.000	977.12	.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	111,809	444,037	16,012,714.48	36.06	.371	143.21	13.37
MEDICAL	73 , 139	106,099	3,657,626.62	34.47	.089	50.01	3.05

SURGERY	3,993	4,877	461,582.55	94.64	.004	115.60	.39
PATHOLOGY	26,112	73 , 996	790,332.87	10.68	.062	30.27	.66
RADIOLOGY	13,477	18,212	1,748,889.15	96.03	.015	129.77	1.46
ROOM USE	87 , 517	127,737	4,756,757.66	37.24	.107	54.35	3.97
CROSSOVERS/ALL OTH OUTPTNT	31,513	113,116	4,597,525.63	40.64	.094	145.89	3.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 17,919
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
VENTURA COUNTY	SUMMARY OF SERVICES	S FOR TOTAL CER	TIFIED				

VENTURA COUNTY	SUMMARY OF SER	VICES FOR TOTAL	CERTI	FIED					
						MOI	NTHLY AVERA	GE	
1,197,819 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	80,636	363,789	\$	43,014,670.09	\$ 118.24	.304	533.44		
COMM HOSP INPATIENT TOTAL	7,897	28,063		33,666,422.37	1199.67	.023	4263.19	28.11	
HSC HOSPITALS	6,497	26,771		29,607,472.94	1105.95	.022	4557.10	24.72	
NON-HSC HOSPITALS TOTAL	239	1,292		2,764,926.08	2140.04	.001	11568.73	2.31	
ACCOMMODATIONS	238	1,292		713,292.87	552.08	.001	2997.03	.60	
ADMINISTRATIVE DAYS	11	123		24,873.75	202.23	.000	2261.25	.02	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	228	1,169		688,419.12	588.90	.001	3019.38	.57	
ANCILLARIES	239	_,0		2,051,633.21	.00	.000	8584.24	1.71	
INPATIENT CROSSOVERS	1,191	0		1,294,023.35	.00	.000	1086.50	1.08	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	74,771	335,726		9,348,247.72	27.84	.280	125.03	7.80	
MEDICAL	32,595	48,476		1,636,210.52	33.75	.040	50.20	1.37	
SURGERY	5 , 633	6 , 337		246,074.24	38.83	.005	43.68	.21	
PATHOLOGY	24,249	96,376		988,306.55	10.25	.080	40.76	.83	
RADIOLOGY	14,978	20,866		1,529,726.52	73.31	.017	102.13	1.28	
ROOM USE	49,939	67 , 167		2,366,274.52	35.23		47.38	1.98	
CROSSOVERS/ALL OTH OUTPTNT	•	96,504		2,581,655.37	26.75	.081	82.91	2.16	
@STATE HOSPITAL	62	1,902	\$, ,	\$ 661.68		\$ 20298.63		
MENTALLY ILL	0	1,902	Ą	.00	.00	.002 .	.00	.00	
DEVELOP. DISABLED	62	1,902		1,258,515.20	661.68	.002	20298.63	1.05	
@NURSING FACILITY	14,524	419,962	\$		\$ 122.37		3538.33		
-	14,324	419,962	Ą	.00	.00	.000	.00	.00	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	•						12815.44		
LEV B-SUBACUTE FREESTANDING	211	2,746 10,306		1,268,728.58 5,357,690.08	462.03	.002		1.06	
LEV B-SUBACUTE HSPTL BASED	211				519.86	.009	25391.90	4.47	
LEV B-TRANSITIONAL IP CARE		0		.00	.00	.000	.00	.00	
LEV B-REGULAR	14,264	406,910		44,764,242.78	110.01	.340	3138.27	37.37	
@INTERMEDIATE CARE FACILDD	2,188	66,627	\$		\$ 167.49		\$ 5100.35		
ICF DDH	1,748	53,129		8,490,188.53	159.80	.044	4857.09	7.09	
ICF DD	53	1,717		247,455.91	144.12	.001	4668.98	.21	
ICF DDN/DDCN	388	11,781		2,421,926.08	205.58	.010	6242.08	2.02	
@HEMODIALYSIS TOTAL	3,473	69 , 628	\$		\$ 56.22		1127.18		
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	3,473	69,628		3,914,681.72	56.22	.058	1127.18	3.27	
@REHABILITATION FACILITY	2,600	25 , 825	\$		\$ 18.60	.022			
HOSPITAL BASED	1,417	7,625		184,743.93	24.23	.006	130.38	.15	
INDEPENDENT FACILITY	1,186	18,200		295,716.32	16.25	.015	249.34	.25	
@LABORATORY FACILITY	57 , 487	211 , 775	\$		\$ 12.51	.177			
PATHOLOGY	57 , 253	211,290		2,635,062.57	12.47	.176	46.02	2.20	
XO AND OTHERS	317	485		13,819.98	28.49	.000	43.60	.01	
@ORGANIZED OUTPATIENT CLINIC	54,469	98,621	\$	9,594,128.18	\$ 97.28	.082			
CLINIC	7,006	14,673		591,218.35	40.29	.012	84.39	.49	
SURGICENTER	960	1,847		101,627.16	55.02	.002	105.86	.08	
HEROIN DETOX CLINIC	56	713		8,435.55	11.83	.001	150.63	.01	

RURAL HEALTH CLINIC 47,563 81,388 8,892,847.12 109.26 .068 186.97 7.42 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,920 O3/14/05 VENTURA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

						Mo	ONTHLY AVERA	GΕ	
1,197,819 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAY:	S COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	77,476	4,897,268	\$	20,271,814.11	\$ 4.14	4.088	\$ 261.65	\$	16.92
DURABLE MED. EQUIP.	3 , 560	13 , 553		1,364,998.13	100.72	.011	383.43		1.14
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	188	358		49,617.87	138.60	.000	263.92		.04
MEDICAL TRANSPORTATION	7 , 938	372,277		2,016,301.09	5.42	.311	254.01		1.68
AMBULANCES/AIR TRANS	5 , 459	54,549		789,047.80	14.46	.046	144.54		.66
OTHER TRANS	1,539	307,507		1,063,996.80	3.46	.257	691.36		.89
OTHER SERVICES	1,068	10,221		163,256.49		.009	152.86		.14
ACUPUNCTURE	400	1,194		20,717.85	17.35	.001	51.79		.02
ADULT DAY HEALTH CARE CTR	10,441	115,505		8,022,108.56		.096	768.33		6.70
GENETIC DISEASE TESTING	2,970	2,974		312,006.00		.002	105.05		.26
IHMC, MODEL-NF, NF, AIDS, MSSP	1,498	41,447		1,632,122.11	39.38	.035	1089.53		1.36
OCCUPATIONAL THERAPIST	36	403		5,371.88	13.33	.000	149.22		.00
OPTICIAN	13,255	30,991		333,000.87	10.75	.026	25.12		.28
PHYSICAL THERAPIST	14	27		134.65	4.99	.000	9.62		.00
PORTABLE X-RAY	306	652		12,113.57	18.58	.001	39.59		.01
PROSTHETIST/ORTHOTISTS	946	3,263		380,117.85	116.49	.003	401.82		.32
PROSTHETICS	609	1,628		177,984.57	109.33	.001	292.26		.15
ORTHOTICS	341	1,635			123.63	.001	592.77		.17
PSYCHOLOGIST	209	802		28,679.09	35.76	.001	137.22		.02
SPEECH AND AUDIOLOGY	3,216	9,085		576,076.48	63.41	.008	179.13		.48
HOSPICE SERVICES	673	19,565		2,177,854.12		.016	3236.04		1.82
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	22,431	369,045		1,779,340.02	4.82	.308	79.33		1.49
EPSDT SUPPLEMENTAL SERVICE	35	706		3,632.18	5.14	.001	103.78		.00
RESPIRATORY CARE PRACT.	12	52		755.86	14.54	.000	62.99		.00
PED SUBACUTE REHAB/WEANING	9	356		14,314.76	40.21	.000	1590.53		.01
ALL OTHER PROVIDERS	14,395	3,915,065		1,543,307.03	.39	3.268	107.21		1.29
@CALIF. CHILDREN SERVICES*	8,049	376,694	\$	18,346,035.54	\$ 48.70	.314	\$ 2279.29	\$	15.32
@XOVER EXCLUDING STATE HOSP**	51,653	698 , 152	\$	9,226,061.47	\$ 13.21	.583	\$ 178.62	\$	7.70
O+ MOMATO TAL MUROR TIMES AND CIT	TON A CEDA	DAME TAIRODMAMTON	TODA .	ONIT 17					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.